STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145405	A. Building B. Wing	10/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Westmont	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 41639 Based on interview and record review, the facility failed to obtain vital signs as ordered by a physician for 1 of 3 residents (R3) reviewed for quality of care in the sample of 8. The findings include: R3's electronic face sheet printed on 10/20/24 showed R3 has diagnoses including but not limited to multiple sclerosis, COVID-19, peripheral vascular disease, and paraplegia. R3's physician's orders dated 11/10/22 showed, Vital signs q (every) shift, every 12 hours. R3's care plan dated 10/18/24 showed, COVID-19 positive: (R3) has infection related to failure to avoid pathogen secondary to exposure to COVID-19 .Monitor vital signs as ordered. Monitor the patient's temperature; the infection usually begins with a high temperature; monitor the respiratory rate of the patient as shortness of breath is another common symptom. R3's medication administration record for October 2024 showed R3's vital signs were not taken on 10/4/24, 10/8/24, and 10/12/24 at 9:00PM as ordered. R3's physician's orders dated 10/14/24 showed, Vital signs every 4 hours for 10 days. R3's medication administration record for October 2024 showed R3's vital signs were not taken on 10/15/24 and 10/18/24 at 5:00PM and 9:00PM as ordered. On 10/20/24 at 1:15PM, V5 (Licensed Practical Nurse) stated, Vital signs should be obtained as ordered by the resident's physician. NA on the medication administration record means the vital signs were not taken. On 10/20/24 at 1:26PM, V3 (Director of Nursing) stated, Vital signs are obtained as ordered by the physician, or on a monthly basis. (R3's) vital signs currently are ordered to be done every 4 hours as she has an active COVID-19 infection. There is no reason or excuse why these wouldn't be done as they are ordered that way by (R3's) physician. The facility's policy titled, Physician's Orders revised on 8/2024 showed, 1. Physician orders are followed as written .

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on observation, interview, and record review, the facility failed to implement transmission-based precautions for a resident (R2) who was COVID-19 positive. This applies to 1 of 3 residents reviewed for COVID-19 in the sample of 8. The findings include: R2's electronic face sheet printed on 10/20/24 showed R2 has diagnoses including but not limited to anxiety disorder, hemiplegia and hemiparesis affecting left non-dominant side, major depressive disorder, and type 2 diabetes. R2's facility assessment dated [DATE] showed R2 has no cognitive impairment. R2's care plan dated 10/15/24 showed, COVID-19 positive: infection related to failure to avoid pathogen secondary to exposure to COVID-19 .maintain contact and droplet isolation including N95 mask and eye protection . R2's physician's orders dated 10/15/24 showed, Contact/droplet isolation related to COVID for 10 days. R2's progress notes dated 10/15/24 showed, Resident tested positive for COVID-19 via rapid nasal swab. Positive finding for COVID-19 noted. Droplet and contact isolation in place. Personal protective equipment (PPE) placed outside of room . On 10/20/24 at 11:18AM, Surveyor entered R2's room that had no signs posted showing R2 was on contact/droplet isolation. R2's door had no PPE outside of it or hanging on the door. There were no isolation bins located inside R2's room. R2 stated, I wouldn't get too close, I have COVID apparently. They told me I tested positive for it on the 15th so I'm in isolation until the 25th. On 10/20/24 at 11:27AM, V5 (Licensed Practical Nurse-LPN) stated, I don't have anyone on my hall or assignment today that is COVID positive, at least that's what they told me in my nursing report this morning. If someone is COVID positive, I would need to know that so I can wear the correct PPE in their room to prevent the spread of infection. On 10/20/24 at 11:36AM, V6 (Infection Preventionist) stated, (R2) is COVID positive and should be on contact/droplet isolation. She just moved rooms, but she should still be on it. On 10/20/24 at 11:41AM, V7 (Certified Nursing Assistant) stated, (R2) is on my assignment today. She doesn't have any isolation signs on her door so I'm assuming she doesn't have COVID. (At this time, V4-Assistant Director of Nursing) hung a contact/droplet isolation sign and put gloves, gowns, and face shields outside R2's door). V7 stated, See, this is the problem. I have already been in R2's room today and I didn't even know she had COVID so now I feel exposed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/20/24 at 11:46AM, V8 (LPN) stated, (R2) went out to the hospital on Friday and when she came back later that night, we did a room change because she is COVID positive. I'm going to be honest; I couldn't find any isolation signs or the PPE containers. I notified management and looked in all the areas the supplies normally are, and I still couldn't find them. On 10/20/24 at 11:57AM, V4 stated, We have isolation signs and PPE in the medication room and in another storage room on the unit. There is no reason why (R2) shouldn't have all the signs and equipment outside of her room. It is the only way staff will know what PPE to wear inside her room and prevent the spread of infection. The facility's policy titled, COVID-19 Transmission-Based Precautions reviewed on 9/2024 showed, Transmission based precautions are a second tier of basic infection control and are to be used in addition to standard precautions for residents who may be infected or colonized with certain infectious agents, for which additional precautions are needed to prevent infection transmission .5. Duration of Transmission-based precautions for residents with COVID-19: a. Mild-to-moderate illness: i. A minimum of 10 days since symptoms first appeared or first diagnostic test .