

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 12/01/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845</p> <p>Based on interview and record review, the facility failed to follow physician orders to administer diabetic, antihypertensive and heart medications to a resident (R16) with diagnoses of type 2 diabetes mellitus, CAD (coronary artery disease) and hypertension. This applies to 1 of 4 residents (R16) reviewed for significant medications in the sample of 16.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R16 is a [AGE] year-old with diagnoses that includes CHF (congestive heart failure), stage 4 chronic kidney disease, ESRD (end stage renal disease) and dependent on dialysis, diabetes mellitus type 2, diabetic neuropathy, metabolic encephalopathy, asthma, anemia, CAD (Coronary Artery Disease), HL (hyperlipidemia), HTN (hypertension) lumbar spinal stenosis, glaucoma, PAD (peripheral arterial disease), poor vision, cerebral infarction, malnutrition, urinary retention, chronic wound right foot, and ischemic tissue right great toe with osteomyelitis.</p> <p>The MDS (Minimum Data Set) dated November 25,2024 showed that R16 is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15/15.</p> <p>On November 25, 2024 at 9:45 A.M., R16 was lying in bed. R16 said that sometimes his medications were not given as ordered.</p> <p>Review of R16's EMAR (Electronic Medication Administration Record) showed that there were some medications that were not administered as ordered in October 2024. Some of the medications were not given as ordered were Insulin Glargine on October 10 and 18 of 2024; Nebivolol 20 mg (Milligram) on October 10, 11 and 16 of 2024; Nifedipine 90 mg on October 25, 2024; Hydralazine 50 mg on October 10, 2024.</p> <p>On November 29, 2024 at 11:45 A.M., V2 (Director of Nursing) said that the medications mentioned above were not administered to R16 as ordered. V2 said that the EMAR for those medications were not signed by the nurses that were assigned and supposed to have administer the medications to R16 on those mentioned dates. V2 also added that based on facility's practice and medication policy for medication administration, the EMAR must be signed by nurses when medications were given.</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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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On November 29, 2024 at 12:15 P.M., V6 (Nurse Practitioner) said that the medications that were not administered to R16 were significant medications that could potentially cause a significant effect to R16's medical condition. V6 said the insulin is for R16's diabetes, Hydralazine for hypertension, and Nebivolol to regulate R16's heart rate due to CAD.</p> <p>The facility's policy for medication administration dated June of 2015 showed as follows:</p> <p>GENERAL: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis.</p> <p>LEVEL OF RESPONSIBILITY: RN, LPN</p> <p>GUIDELINE:</p> <p>18. Document as each medication is prepared on the MAR.</p> <p>22. If medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required.</p> <p>23. Vital signs are taken as required prior to medications and documented.</p>		