

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  03/19/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34491</p> <p>Based on observation, interview, and record review, the facility failed to ensure timely and thorough incontinence care was provided to 1 of 3 residents (R3) reviewed for incontinence care in the sample of 11.</p> <p>The finding include:</p> <p>R3's Admission Record, provided by the facility on 3/19/25, showed R3 had diagnoses including, but not limited to, protein-calorie malnutrition, morbid obesity, dermatitis, vitamin B12 deficiency, anemia, hypertension, adjustment disorder, and abnormal uterine and vaginal bleeding.</p> <p>R3's facility assessment dated [DATE], showed R3 was cognitively intact with no behaviors, always incontinent of bowel and bladder, and dependent on staff for toileting hygiene.</p> <p>R3's care plan, with a revision date of 11/21/2024, showed R3 is at risk of alteration in skin integrity related to protein-calorie malnutrition, morbid obesity, anemia, history of falls, and incontinence. One of the interventions listed was Provide skin care after each incontinent episode. R3's care plan initiated on 6/7/2022 showed she is incontinent of bowel and bladder. R3's care plan initiated on 6/7/2022 showed she requires extensive assist of one staff member for toileting.</p> <p>R3's 9/25/2023 Wound note showed she had a stage IV pressure injury at that time.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/18/25 at 10:00 AM, R3 was lying in bed. R3 was alert and oriented. R3 said she has to wait a very long time for staff to answer her call light and provide incontinence care. R3 said sometimes it is several hours. R3 said she was incontinent of urine, and wet at that time. R3 said she is waiting to finish her bowel movement before she turns on her call light. At 10:12 AM, R3 put her call light on. At 10:13 AM, V15 (Licensed Practical Nurse-LPN) knocked on the door and entered R3's room. R3 informed V15 that she was soiled and needed to be changed. V15 said she would get the aide right now. V15 left the room. At 10:35 AM, R3 said See, they do not come in and clean me up right away when I turn my light on. I deserve to be treated with dignity, and sitting in a soiled brief is not dignified. R3 said They do not clean me up all the way so I usually ask for a washcloth and clean up better to make sure I am clean. At 10:38 AM, V16 (Certified Nursing Assistant-CNA) knocked on the door, opened it, saw surveyor and said oh, I will come back when you are done. This surveyor told V16 that she could come in now. V16 said okay then closed the door without entering R3's room. At 10:40 AM, V16 entered R3's room with garbage bags, went into the bathroom and then back out of R3's room. At 10:42 AM, V16 came back into R3's room, went into the bathroom and put a gown and gloves on. At 10:43 AM, V16 approached R3 to start providing care (31 minutes after R3 first put her call light on). V16 cleaned R3's buttocks/backside, then placed a brief under R3. R3 rolled onto her back and V16 wiped R3's right groin two times, then wiped R3's pubic area and then about halfway down the middle vaginal area. V16 pulled the front of the brief over R3 and went to reach for the taped section to secure the brief. R3 said wait and asked for a washcloth. R3 used the washcloth to wipe her lower vaginal area. When R3 brought the washcloth up, there was visible stool on the washcloth. V16 gave R3 a second washcloth. R3 again wiped the lower vaginal area and there was more stool on the washcloth. R3 folded the cloth and wiped a third time, with no stool noted on the washcloth. R3 told V16 she could secure the brief at that time.</p> <p>On 3/19/25 at 11:10 AM, V3 (Director of Nursing-DON) said call lights should be answered within 5-10 minutes. V3 said if the CNA is busy with another resident, the nurse should be able to assist with incontinence care. If a resident has a history of pressure injuries or skin breakdown, it is important to keep them clean and dry. It is important to ensure the resident is cleaned well and the skin is dried when providing incontinence care. V3 said the CNA should have made sure she cleaned all the stool from V3 during care, to prevent infection and skin breakdown.</p> <p>The facility's policy and procedure titled Call Light Response, with a revision date of 9/2024, showed 6. Answer the patient or resident's call as soon as possible .</p> <p>The facility's policy and procedure titled Incontinence Care, with a revision date of 9/2023, showed Incontinence care is provided to keep residents as dry, comfortable and odor-free as possible. It also helps in preventing skin breakdown.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>39537</p> <p>Based on interview and record review the facility failed to coordinate with an outside agency in a timely manner to complete guardianship paperwork for a resident with severe mental illness for 3 of 3 residents (R1) reviewed for medically related social services in the sample of 11.</p> <p>The findings include:</p> <p>On 3/14/25 at 2:59 PM, V14 (Case Manager for APS (Adult Protective Services)) said R1 was admitted to the facility in November 2024. V14 said she made a referral for state guardianship on 12/6/24. V14 said R1 was homeless, prior to admission to the facility. V14 said she had been in contact with V7 (Business Office Manager - BOM) about the status of R1's state guardianship because the facility was not receiving payment for R1. V14 said she received a call from the facility wanting us to approve medication changes and I told them I was not her guardian and could not do that. The office of state guardianship emailed me in the beginning of January and said they needed an updated physician's report. I visited [R1] at the facility on 1/8/25 and informed [V5 - Social Services] that I needed an updated physician's report. [V5] said he would get me one. On 1/9/25 I sent [V7-BOM] an email just to make sure that she was aware that I needed an updated physician's report because I did not get one. On 1/17/25 I got an email from V7 [BOM] about an involuntary discharge - asking me if that goes to me. I said no, but you have not answered my requests for an updated physician's report. I notified [V11 - Ombudsman] about these issues, she gave me [V1's - Administrator] phone number. I spoke with [V1] and she said [V7 - BOM and V5 - Social Services] did not keep her informed about what was going on. [V1 - Administrator] assured me that [R1] was not being discharged . This was on 1/17/25 . on 1/29/25 I sent another email to [V1 - Administrator] asking her where the Physician's Report was for [R1]. I did not hear back from her. On 2/11/25 I called and spoke with [V1 - Administrator] and asked where the report was. [V1] said she would get it to me. On 2/14/25 they sent the report, but it was not fully completed. I sent V1 an email the same day that the form was not completed. I did not get a reply. On 2/24/25 I emailed [V1] again informing her that the form was not completed. There was no reply. On 2/26/25 I went to the facility and saw [R1]. I informed the staff I needed to speak with [V1 - Administrator]. I was told she was not available. On 3/10/25 I called [V1 - Administrator] and said I emailed her on 2/14 and 2/24 and was letting her know that I still needed the Physician's Report. [V1 - Administrator] said she did not see the emails. As we were talking she said, Oh, I see them. She said she would send the completed updated physician's report. On 3/11/25 I finally got the completed Physician's Report. I sent the report to the state guardianship office. The surveyor asked V14 how this would affect R1. V14 replied, [R1] is not able to make her own decisions such as if she wants to be a DNR, consent for medication changes, or whether or not she wants to be sent out to a hospital or not.</p> <p>R1's Facesheet dated 3/18/25 showed delusional disorders, mild protein-calorie malnutrition, pneumonia, major depressive disorder, dementia with psychotic disturbance, unspecified psychosis, insomnia, cardiomyopathy, atrial fibrillation, chronic heart failure, noncompliance with medical regimen, and repeated falls. This form showed R1 was admitted to the facility 11/6/24.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Progress Notes were reviewed for her entire stay. R1's Nurses Note dated 12/13/24 at 12:05 PM by V8 (RN - Registered Nurse) showed, Spoke with patient's case manager (V14) regarding patient's new psychotropic medication. Case manager told writer that she is unable to consent or deny any medication. She further added that she (had) informed the social service coordinator that she initiated the process of applying for state guardianship for the patient. The state guardian can then give consents or deny any changes in the patient plan of care. MD (doctor) was informed and psych NP (Nurse Practitioner) as well . There were no notes addressing the coordination of services or communication related to R1's need for the updated Physician's Report.</p> <p>R1's Care Plan created 11/7/24 showed, [R1] exhibits the symptom of resisting care which is related to medication non-compliance . [R1] exhibits the symptom of resisting care which is related to medication non-compliance . R1's Advanced Directives Care Plan revised 12/3/24 showed, [R1's] POLST (Physician Order for Life Sustaining Treatment) is pending - in process of obtaining guardian . R1's Care Plan revised 12/3/24 showed, [R1] has a diagnosis of dementia/delusional disorders and may display mood/behaviors related to diagnoses such as: agitation/aggression; isolative behaviors/may prefer to stay in room and not socialize; refusal of care; wandering, pacing .</p> <p>The Social Security Payee Application was faxed to the social service office 1/8/25. This application included a form (Medical Source Opinion of Patient's Capability to Manage Benefits) completed by R1's physician. This form was dated 12/31/24 and showed the resident had dementia and had demonstrated episodes of confusion. Question 7 on this form asked: Can the patient successfully manage or direct the management of funds to meet basic needs. R1's physician answered, Unsure: Patient found living in her care and confused. I am unable to directly observe her paying bills. Question 8 on this form asked: Do you expect the patient to be able to manage or direct the management of his or her benefits in the future? R1's physician answered No: The patient has been at this facility for a few months and has not shown any improvements. (This application was submitted on R1's behalf to make the facility R1's payee. The fax transmittal showed the forms were faxed to the Social Security Office on 1/8/25.</p> <p>On 3/18/25 at 12:41 PM, V7 (BOM) said R1 had an active APS (Adult Protection Services) case prior to admission to the facility. V7 said the facility did apply to be the Representative Payee for R1's Social Services benefits, the application was approved, and the facility had just received the first check from Social Security for R1. V7 said R1 had not paid her bills at the facility since admission in November 2024 and was not providing the facility with any of the requested information. V7 said R1 reported she had houses and family, but wouldn't provide any specific information. V7 said she had assisted the facility in petitioning for state guardianship before, but was not involved in R1's state guardianship application. V7 said Social Services would have been handling this.</p> <p>On 3/18/25 at 1:24 PM, V6 (Social Services) said she was not R1's assigned Social Services Representative. V6 said if the APS case manager visits a resident or they request information regarding the resident, then there should be a Social Services Note entered into the EMR (Electronic Medical Record). V6 said it is important to document the information in the resident's EMR for continuity of care and communication with other staff members.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/19/25 at 9:41 AM, V1 (Administrator) said Social Services documents scheduled assessments in the forms and should document other interactions in the progress notes. V1 said anything out of the ordinary (such as APS requests for resident documents) should be documented in the Social Services Notes as a way to communicate with the care team and ensure continuity of care. V1 said the information is required to be in the resident's Medical Record. V1 said she was not aware that APS requested an updated Physician Assessment until she was contacted by V11 (Ombudsman) on 1/17/25. V1 said she wasn't aware that V14 (APS Case Manager) has requested the updated Physician Assessment from other staff members. V1 said that was not communicated with her. V1 said the Physician Assessment form was given to the DON (Director of Nursing) to have the doctor fill it out. V1 said there were three unsuccessful attempts to complete the document. V1 said she did receive a call fro V14 (APS Case Manager) on 2/13/25 and the Physician Assessment was emailed on 2/14/25. V1 stated, I assumed it was taken care of. The emails [V14 - APS Case Manager] sent went to my spam folder. I thought everything was taken care of until I received the call from [V14] on 3/11/25. I checked my spam folder and found the emails. I had the form completed and sent it the next day. V1 said R1 was admitted to the facility, from the hospital, after being found living in her care. V1 said R1 had times were she was pleasant and cooperative, but had required involuntary petitions to inpatient behavioral health due to aggressive behaviors and refusals to take medications. V1 said R1 had poor safety awareness and it was important to pursue state guardianship. V1 said it shouldn't have taken 2-3 months for R1's updated Physician Assessment to be completed and submitted to APS. V1 said she wasn't aware the process started 12/13/24 and then it was a cluster trying to get the form properly completed.</p> <p>The facility's Social Work Department Policy dated 11/30/22 showed, It is the philosophy of this facility to provided competent, timely and qualified social work/behavioral health services to each resident and/or family member demonstrating the need for medically-related social work. The facility emphasizes optimum mental health service delivery through dissemination of information, in-house clinical interventions, treatment referrals to community agencies and professionals and psychotherapy services from a credentialed clinician, as indicated .</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>39537</p> <p>Based on observation, interview, and record review the facility failed to ensure they employeed a qualified social worker on a full time basis. This has the potential to affect all residents residing in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 3/18/24 showed the facility census was 175.</p> <p>On 3/18/25 at 1:24 PM, V6 (Social Services) said she just found out V5 (Social Services) was terminated. V6 stated, I'm the only Social Services now. [V2 - Assistant Administator] had been helping me out, but she has a lot of other responsibilities. I was hired to cover a specific unit. When I started in August there were three of us. Myself, [V5 and V10]. There isn't a Social Services Director. There hasn't been since V25 (previous Social Services Director) left and V5 has been gone since October 2024. I am not a Licensed Social Worker. I have an Associates Degree in Healthcare Management and Human Resources and years of experience in long-term care.</p> <p>On 3/18/25 at 2:14 PM, V2 (Assistant Administrator) said she was helping Social Services with MDS (Minimum Data Set) assessments and covering new admissions on a unit. V2 said she had not done Social Services before and was just pitching in.</p> <p>On 3/18/25 at 2:30 PM, the surveyor requested credentials for V2, V5 and V6 (Social Services). These documents were not received.</p> <p>On 3/19/25 at 9:41 AM, V1 (Administrator) provided credentials for V12 and V13 (LCSW - Licensed Clinical Social Worker). V1 said V12 and V13 were Social Services Consultants and are not in the building on a full-time basis. V1 said V12 works remotely and visits the facility quarterly. V1 stated, Yesterday I made arrangements for someone to come out three times a week because [V5 - Social Services] was terminated. V1 said V5 and V6 are not LCSWs. V1 said V25's (previous SSD) last day was 5/31/24. V1 said the SSD position had been posted online for months, but the facility was having difficulty finding a qualified candidate. V1 said the facility's average daily census is around 170. V1 said she was aware of the qualifications required for a Social Services worker in a building over 120 beds. V1 said the facility was not meeting that requirement. V1 said the day to day role of Social Services was to round with residents, interact with families, and intervene as needed. V1 said Social Services are responsible for the Care Plan Meetings, perform the quaterly MDS assessments, discharge planning, and making referrals for psychotherapy. V1 said Social Services is the go to for residents if anything is needed.</p> <p>(continued on next page)</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Facility Assessment Tool dated 8/2024 showed the average daily census was 167 residents. This assessment showed, Services and Care We Offer Based on our Residents' Needs: .Mental health and behavior: Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or development disabilities . Provide person centered/directed care: Psycho/social/spiritual support .Provide family/representative support . Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies: . Administration (i.e.Social Services . Staffing Plan: .In addition to nursing staff, other staff needed for behavioral healthcare and services . 3 Social Services .</p> <p>The facility's Social Work Department Policy dated 11/30/22 showed, It is the philosophy of this facility to provided competent, timely and qualified social work/behavioral health services to each resident and/or family member demonstrating the need for medically-related social work. The facility emphasizes optimum mental health service delivery through dissemination of information, in-house clinical interventions, treatment referrals to community agencies and professionals and psychotherapy services from a credentialed clinician, as indicated .</p>		