

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  01/04/2026
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 - Some</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> Based on observations, interviews and record reviews the facility failed to provide assistance to dependent residents with ADL (activities of daily living) activities. This applies to 4 of 4 (R1, R2, R3, R4) residents reviewed for ADLs. The findings include: 1. R1 was admitted on [DATE], with multiple diagnoses including hemiplegia, malnutrition, difficulty walking, multiple fractures of the pelvis, hypertension, dementia, and orthostatic hypotension. R1's MDS dated [DATE], shows R1 is cognitively intact and is dependent on staff for toileting hygiene, bathing and dressing. R1's most recent care plan dated December 17, 2025, shows R1 is high risk for falls and has an alteration in skin integrity due to a sacral pressure ulcer. R1 is continent of bowel and bladder requiring substantial maximal assistance with toileting transfers. R1 is a stand pivot transfer with one person assist, gait belt, and front wheeled walker. On January 03, 2025, at 12:50PM V9 (Family member) and V10 (Family member) said they were unhappy with the care provided by the facility and lack of communication from administrative staff. V10 said that they visit R1 frequently and during visits, CNA's have not come in to check on R1 unless the button has been pushed. V10 said that when the call light is pushed it takes between forty-five minutes to two hours for staff to show up. V10 said she is certain about time frames because she has taken notes during each visit. V9 said that care associates informed them that R1 is using briefs because he is incontinent when in fact R1 is not incontinent. R1 can verbalize when he must use the rest room and V9 and V10 have requested the use of a urinal. V10 said facility nurse agreed that R1 can request a urinal and ask for it when needed, however the care associates continue to place briefs on R1. V10 said that on December 26, 2025, she waited for the head nurse for two hours to discuss concerns, and the head nurse never showed up. V10 said again she waited to discuss concerns with administration on December 31, 2025 for one hour and forty-five minutes and no one showed up. V10 said that she eventually heard from administration but by this time it was to discuss discharge planning. V10 said that R1 was to be discharged later in the evening. 2. R2 was admitted [DATE], with multiple diagnoses including obesity, epilepsy, peripheral vascular disease, insomnia, neuromuscular dysfunction of the bladder, major depressive disorder, borderline personality disorder, anxiety, paraplegia, hemiplegia, pressure ulcer of the right buttocks, and incontinence without sensory awareness. R2's MDS dated [DATE], shows R2 is cognitively intact and dependent on staff for ADL care. R2's current care plan dated December 30, 2025, shows R2 is a high fall risk and at a high risk for abuse and neglect. R2 has a pressure wound to the ischium and is incontinent of bowel and bladder. Staff are expected to provide incontinence care as needed and ensure privacy and dignity are always maintained. On January 03, 2026, at 11:13AM R2 was crying in her room while lying in bed. R2 said that on the 3PM to 11PM shift on January 02, 2026, she was not checked or changed by the CNA (Certified Nurse Assistant) until 11:00PM. R2 said she saw V5 (wound nurse) earlier in the day but needed to be cleaned up before wound care. R2 said she informed V3 (CNA) at 7:00AM that she needed to be changed before the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145405	Facility ID:  145405  If continuation sheet Page 1 of 3

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