

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 01/28/2026
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a dependent resident's bed was functioning to meet his needs for 1 of 13 residents (R7) reviewed for equipment in the sample of 13. The findings include:R7's face sheet showed he was admitted to the facility on [DATE] with diagnoses to include cerebral infarction, Type 2 Diabetes, quadriplegia, protein-calorie malnutrition, polyneuropathy, fusion of spine, cerebral atherosclerosis, and cervical disc disorder with myelopathy. R7's facility assessment dated [DATE] showed he has no cognitive impairment and is dependent upon staff for most cares. R7's Care Plan initiated 10/14/24 showed, [R7] has a self-care deficit in bed mobility related to cerebral infarction, Type 2 Diabetes, Traumatic subdural hemorrhage. 2 person assist with bed mobility. uses bilateral 1/2 rails to promote bed mobility.R7's Care Plan initiated 10/14/24 showed, [R7] requires assist with daily care needs related to cerebral infarction d/t stenosis of right posterior cerebral artery, Type 2 Diabetes, Traumatic subdural hemorrhage. Monitor for changes with daily care abilities and provide more or less assist if needed. On 1/24/26 at 12:11 PM, V15 Certified Nursing Assistant (CNA) said, Most of the beds in here are broken in some way or another. [R7's] is always broke. He can't put the head of the bed up when he wants to eat. On 1/24/26 at 2:15 PM, R7 was lying in his bed with the head of the bed flat with the television on. R7 said, My bed hasn't been working for a long time. I told the staff. In the past they came and worked on it, and it would be working for a little while, then it stops working again. I usually like to be sitting up. I can sit up on my own, but it is hard. I would like to use the bed remote to bring the bed up so I can sit up at least to eat. It is hard to eat with the bed down, but I try to sit up. I had a stroke, so it is difficult to keep myself sitting upright. I always eat in my room. My bed hasn't been working for about a month and a half this time.On 1/24/26 at 2:30 PM, V13 (Maintenance Director) came into R7's room with the surveyor. V13 crawled on the floor underneath R7's bed and was looking at the wires. V13 said, I wasn't aware his bed isn't working. We don't have extra beds to replace the beds, but we have beds we can take parts off to repair beds if we need to. We have had trouble with this bed, a lot of times, it's because the cord is pulled out a little bit under the bed. Sometimes I change the ring that holds the cord in. This time the power cord was pulled out of the box again. It happens because they twist the cord around the bedrail. The clip is gone on this one to hold it in. Maintenance requests are either given to me verbally or put into the binder at the nurse's station. On 1/24/26 at 2:38 PM, the Maintenance binder at the nursing station was reviewed. The earliest entry in the binder on the unit was 1/11/26 and none of the entries were regarding [R7's] bed. The previous maintenance logs were requested for review and showed no maintenance requests were recorded on the 2nd floor from 11/18/25 through 1/11/26. On 1/27/26 at 4:40 PM, V2 DON (Director of Nursing) said, If staff noted the bed was broken, I would expect them to report it to maintenance and I would expect that to be fixed. He does have the ability to sit up himself though, he is highly schizophrenic. He can sit up on the side of his bed</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 13

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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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interviews and record review, the facility failed to ensure that a resident who was dependent on staff for incontinence care received the necessary assistance in a timely manner. This failure affected two (R1, R2) of four residents reviewed for activities of daily living (ADLs) in the sample of 13. The findings include: 1. R1's face sheet documented an initial admission date of 09/20/2024 with a past medical history not limited to: generalized osteoarthritis, adult failure to thrive, chronic pain syndrome, and history of venous thrombosis and embolism. Minimum Data Set (MDS) Section C-Cognitive Functions dated 10/24/2025 indicated that R1 has no cognitive impairment. Section GG-Functional Abilities documented that R1 is dependent on staff for toileting hygiene, lower body dressing, and rolling side to side in bed. Section H-Bowel and Bladder indicated that R1 is always incontinent for both. R1's care plan last reviewed on 10/29/2025 reads in part: has an ADL functional performance deficit related to weakness and requires mechanical lift transfer with two-person assist; is at risk for alteration in skin integrity related to osteoarthritis, hemorrhoids, and incontinence; and is incontinent of bowel and bladder and is at risk for complications. R1's care planned ADL/skin interventions included but not limited to: provide skin care after each incontinent episode, provide incontinence care as needed; assist resident with ADLs; monitor skin integrity during routine care and report abnormal findings. On 01/24/2026 at 11:04 AM, observed R1 sitting on the side of her bed. R1 said the aides change her incontinence brief before she goes to bed around 10:30 - 11:00 PM and she does not see any staff until about 5:00 AM when the nurse brings her meds than again at around 6:00 AM when the aide comes in and changes her brief. R1 added that this occurs nightly including last night, and she is still wearing the same brief from this morning when she was changed around 6:00 AM. R1 added that her brief is soiled and needs to be changed. 2. R2's face sheet documented an initial admission date of 07/19/2019 with a past medical history not limited to: encounter for palliative care, obesity, osteoarthritis and hypertension. Minimum Data Set (MDS) Section CC dated 12/03/2025 indicated that R2 has no cognitive impairment. Section GG-Functional Abilities indicated that R2 is dependent on staff for toileting hygiene, lower body dressing, and rolling side to side in bed. Section H-Bowel and Bladder indicated that R2 is always incontinent for both. Care plan report last reviewed 12/09/2025 indicated that R2 has a self-care deficit in bed mobility and requires assist with daily care needs related to weakness and impaired mobility, is at risk of alteration in skin integrity related to weakness, osteoarthritis, and incontinence. R2's care plan interventions included but not limited to: provide skin care after each incontinent episode, keep clean and dry after each incontinent episode; assist resident with ADLs; monitor skin integrity during routine care and report abnormal findings. On 01/24/2026 at 1:48 PM, R2 was observed lying in bed watching television. R2 said she receives hospice services and is seen 2-3 times weekly. At 2:00 PM, R2 said her incontinence brief is normally changed before going to sleep around 10:00 - 10:30 PM and is not changed again until about 5:00 or 6:00 in the morning. R2 indicated this occurs every night and that her brief is currently soiled, and she is waiting to be changed. R2 added that her brief has not been changed since early this morning around 5:30 AM. On 01/24/2026 at 4:25 PM, V2 (Director of Nursing) said staff are to reposition and change incontinent briefs at minimum every two hours for every resident to prevent infection and skin breakdown. V2 added that the floor nurses supervise to ensure this is being done. Activities of Daily Living (ADL) policy last revised 06/2025 provided by V1 (Administrator) on 01/24/2026 reads in part: a program for performing and assisting with hygiene, bathing, dressing, feeding, and elimination to prevent disability and maintain maximal functioning. A program of assistance and instructions in ADL skills is care planned and implemented. Elimination. adaptive equipment, assistance</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and instruction are given as required.		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a physician was notified with Xray results for a resident with a confirmed fracture and failed to ensure prompt emergency care was provided for a resident with a confirmed fracture. This applies to 1 of 3 residents (R3) reviewed for change of condition in the sample of 13. This failure resulted in R3 experiencing a delay in emergency and surgical care after sustaining an acute comminuted and displaced distal femur fracture with large lipohemarthrosis (collection of fat and blood) and a subacute fracture of the proximal fibular diaphysis. The findings include:R3's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include multiple sclerosis, stiffness of right ankle, stiffness of left ankle, muscle wasting and atrophy, abnormalities of gait and mobility, weakness, major depressive disorder, iron deficiency anemia, paraplegia, peripheral vascular disease, and neuromuscular dysfunction of bladder. R3's facility assessment dated [DATE] showed she has no cognitive impairments and is dependent upon staff for most cares.On 1/24/26 at 11:02 AM, R3 was in her room sitting up in her electric powered wheelchair. R3 said, I fell the day after Thanksgiving. There were 2 people in the room with me, neither one was paying attention and I slipped and broke my knee. They were putting lotion on my back, and I wasn't in the chair properly. I have MS (Multiple Sclerosis), so I am fully dependent for everything. I was in the shower chair but was completely done with my shower. The way I was positioned, I was leaning forward, I wasn't sitting up like I am now. They had me leaning further forward so they could lotion my back. [V21 CNA (Certified Nursing Assistant)] said I was slipping, and I had told them right from the start of the shower I wasn't sitting in it right. They either didn't hear me or they ignored me. I went down hard enough that I broke my leg. I have MS and it was my weaker leg, so I don't feel pain the same as I do in my other leg. The knee was swollen when they originally wanted to do the Xray. They came to do the Xray at 11 PM. It still wasn't terribly painful at that time, but it was 3 times the size it usually is. The Xray showed my knee was fractured. They told me the next day that the Xray showed a fracture. I went to [the acute care hospital] . The day it happened they got me back up into my chair and I thought it was fine until that evening it really started to hurt. They gave me Tylenol. Pain was at about a 5-6 so it wasn't that severe. I think my pain tolerance is high. They did a scan at the hospital, and we found out it was worse.R3's 11/28/25 Nurses Note entered at 11:59 AM showed, At 11:20 AM writer called to shower room by CNA (Certified Nursing Assistant). Resident observed laying on the ground in supine position with shower chair to the left of resident. Resident states, I started to slide out of the shower chair and the CNA, assisted me to the ground; then to lay down. Head to toe assessment completed, skin intact, no redness, bumps or bruising observed. Resident able to move all extremities. Resident states right knee feels sore, rating pain 3 out of 10, Physician notified, new order for x-ray to left knee/complete, 4 views. Order noted and carried out, writer called order into [mobile Xray company] and faxed all appropriate paperwork. R3's 11/28/25 Fall Follow Up Note entered at 12:06 PM showed, Does the resident/care giver report change in pain status? Yes. Has there been a change in orders related to this event? X-ray to right knee/complete, 4 viewsR3's 11/28/25 Nurses Note entered at 8:58 PM showed, . Writer called [mobile Xray company] and updated on new order. Writer informed the technician will be in the building before midnight to x-ray resident's right knee, right shoulder and right humorous. Resident able to move all extremities and tolerated sit to stand transfer from wheelchair to bed. Skin intact, no redness, bumps or bruising noted. Writer endorsed to oncoming shift accordingly. R3's 11/28/25 Nurses Note entered at 10:53 PM showed, Technician arrived from [mobile Xray company], x-ray of right shoulder, right humorous and right</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>knee being performed. Results pending. Writer endorsed to oncoming shift to follow up on results. R3's 11/29/25 Nurses Note entered at 6:53 AM by V18 showed, Resident x-ray result reviewed, and resident noted with right knee impacted supra condylar fracture of the distal femur. Relayed to [V2-DON (Director of Nursing)] per DON she will have to compare the current diagnosis with the existing one. Endorsed to AM (morning) nurse. R3's 11/30/25 Nurses Note entered at 9:07 PM by V23 LPN (Licensed Practical Nurse) showed, Writer observed swelling to right knee. Ice and heat alternated to site, PRN (as needed) Tylenol given and effective. BLE (bilateral lower extremity) positioned onto pillow for comfort. No changes in condition apparent. Resident reports increased pain to right knee when manipulated. R3's 12/1/25 Change of Condition report entered at 1:26 PM by V2 DON (Director of Nursing) showed, . Noted with Xray result of fracture of right femoral head. Primary Care Provider responded with the following feedback: Send to ER for ortho follow up and plan of care. Immobilization R3's 12/1/25 Nurses Note entered at 2:15 PM showed, Director of Nursing obtained order from [Physician] to send resident to [acute care hospital emergency department] for further evaluation related to right knee impacted supra condylar fracture. ambulance arrived at 2PM and exited with resident via stretcher at 2:16 PM.R3's complete medical record was reviewed and showed no evidence that R3's physician was notified of the Xray results until 12/1/25. R3's Acute Care Hospital Documentation dated 12/1/25 at 2:43 PM showed, Patient arrived to Emergency Department via EMS (emergency medical services) from [the facility] with complaint of right knee injury. Patient had a slip and a fall in the shower on Friday last week (11/28/25). Patient was in shower chair and slipped off landed on right knee. Xray done at facility per patient and EMS showed right knee fracture. Alert and oriented x 4. a [AGE] year-old female with multiple sclerosis - mostly wheelchair bound, who presented with distal femur fracture. Right distal femur fracture; Subacute proximal fibular diaphysis fracture - after falling off the shower chair, ortho consult, anticipate surgery later today. pain control: Norco (opioid pain medication), Tylenol, morphine prn (as needed) . On 1/25/26 at 3:23 PM, V18 LPN said she has taken care of R3 for a long time. V18 said R3 has MS and multiple other diagnoses. V18 said the night of 11/28 through 11/29, R3 didn't have much deviation from normal. V18 reviewed her 11/29/25 Nursing Note and said she was unsure of what the DON meant by comparing the current diagnosis with the existing one. V18 said she did not notify the physician of the fracture because she works nightshift, and the day nurse would relay the results to the physician. V18 said after a fall they do neuro checks and vitals for 72 hours and document them in the record. V18 said the nurses do a head-to-toe assessment at the time of a fall but not for the 72 hours follow up because on night shift residents don't like the lights turned on. V18 said she did not visualize R3's leg during her shift. V18 said R3 is verbal so if she had any pain after her fall, she could communicate that to the nursing staff. On 1/25/26 at 3:50 PM, V23 LPN (Licensed Practical Nurse) said, That weekend [R3] was in bed for the weekend. She didn't want to get out of bed, she was initially on a sit to stand. The X-rays happened before I was working. I monitored her and managed her pain throughout that weekend. When we get results back, we usually let the doctor know, not just the DON and a fracture you are also supposed report to the administrator as well. If there is a change of condition, we notify the physician so if we need new orders and to ensure resident safety. She was reporting pain to me during manipulation. When she was just sitting still, she was okay. I did see her knee because I documented swelling to the right knee. The facility's Nursing and CNA schedule with assignments showed V3 CNA was assigned to R3 for the overnight shift from 11PM on 11/28/25 through 7:15 AM on 11/29/25.On 1/25/26 at 10:55 AM, V3 CNA (Certified Nursing Assistant) said, When I came in to work and was doing my rounds, when I got to her room, she told me she was in a lot of pain because she fell out of the shower chair and said she</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the safety of a resident during a shower for 1 of 3 residents (R3) reviewed for accidents in the sample of 13. This failure resulted in R3 experiencing a fall from the shower chair and sustaining an acute comminuted and displaced distal femur fracture with large lipohemarthrosis (collection of fat and blood) and a subacute fracture proximal fibular diaphysis. R3 was admitted to the acute care hospital on [DATE] for surgical intervention and remained hospitalized until 12/4/25. The findings include:R3's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include multiple sclerosis, stiffness of right ankle, stiffness of left ankle, muscle wasting and atrophy, abnormalities of gait and mobility, weakness, major depressive disorder, iron deficiency anemia, paraplegia, peripheral vascular disease, and neuromuscular dysfunction of bladder. R3's facility assessment dated [DATE] showed she has no cognitive impairments and is dependent upon staff for most cares.On 1/24/26 at 11:02 AM, R3 was in her room sitting up in her electric powered wheelchair. R3 said, I fell the day after Thanksgiving. There were 2 people were in the room with me, neither one was paying attention and I slipped and broke my knee. They were putting lotion on my back, and I wasn't in the chair properly. I have MS (Multiple Sclerosis) so I am fully dependent for everything. I was in the shower chair but was completely done with my shower. The way I was positioned, I was leaning forward, I wasn't sitting up like I am now. They had me leaning further forward so they could lotion my back. [V21 CNA] said that I was slipping, and I had told them right from the start of the shower I wasn't sitting in it right. They either didn't hear me or they ignored me. I went down hard enough that I broke my leg. I have MS and it was my weaker leg, so I don't feel pain the same as I do in my other leg. The knee was swollen when they originally wanted to do the Xray. They came to do the Xray at around 11 PM. It still wasn't terribly painful at that time, but it was 3 times the size it usually is. They told me the next day that the Xray showed a fracture. Pain was at about a 5-6 so it wasn't that severe. I think my pain tolerance is high. They did a scan at the hospital, and we found out it was worse. R3 reported V21 CNA (Certified Nursing Assistant) and V7 CNA were performing her shower that day.R3's Care Plan initiated 6/11/2013 showed, [R3] is at risk for falls related to generalized weakness and immobility secondary to MS, paraplegia, PVD (peripheral vascular disease), obesity, and osteoarthritis. Interventions: . 11/28/25 Staff to ensure patient is sitting centered and assist with leaning forward. Education provided on patient to ensure to ask for assistance when unable to reach personal items. 11/28/25 Xray of right knee, right hip, right shoulder; 12/1/25 Send to ER for evaluation; 12/4/26 WBAT (weight bearing as tolerated) unlimited hip and knee motion. All above updates were documented as created on 1/24/26 while the surveyor was in the facility investigating R3's fall.R3's 11/28/25 Nurses Note entered at 11:59 AM showed, At 11:20 AM writer called to shower room by CNA (Certified Nursing Assistant). Resident observed laying on the ground in supine position with shower chair to the left of resident. Resident states, I started to slide out of the shower chair and the CNA, assisted me to the ground; then to lay down. Head to toe assessment completed, skin intact, no redness, bumps or bruising observed. Resident able to move all extremities. Resident states right knee feels sore, rating pain 3 out of 10, Physician notified, new order for x-ray to left knee/complete, 4 views. Order noted and carried out.R3's Follow up Investigation Report (Final Report) into R3's 11/28/25 Incident dated 12/5/25 showed, . after a thorough investigation, it was determined that the fall was an unavoidable incident. Patient was noted leaning forward to dry herself when she was observed sliding down from shower chair, the staff has attempted to catch her fall and lowered down patient slowly on</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>the floor. The patient was educated on safety precaution focusing on following cues for safety such as looking at visual reminder to call staff for assistance, ensuring proper placement in shower chairs or chairs, and ensuring staff assist in hard-to-reach places. On 1/24/26 at 3:03 PM, V21 CNA (Certified Nursing Assistant) said, I was just assisting with the shower. I went in when she went into the shower. V7 (CNA) washed her up. At the time of the fall, she was putting her bra on for her. When she was leaning forward to snap the bra in the back, and she just slipped right on out of the chair. She wasn't saying anything that I heard during the shower. We went and got the nurse. The nurse asked her if she was hurting anywhere, and she complained of her right leg. On 1/26/25 at 4:41 PM, V7 (CNA) said she provided a statement to the facility regarding R3's fall from the shower chair and refused to provide any information to the facility. V7 said she is no longer employed at the facility. R3's 11/28/25 Fall Follow Up Note entered at 12:06 PM showed, Does the resident/care giver report change in pain status? Yes. Has there been a change in orders related to this event? X-ray to right knee/complete, 4 views R3's 11/28/25 Nurses Note entered at 8:58 PM showed, resident alert and orientated times three, able to make needs known. Resident began to complain of soreness to right upper extremity. Writer notified physician with new order to Xray right humerus and right shoulder. Order noted and carried out. Writer called [mobile Xray company] and updated on new order. Writer informed the technician will be in the building before midnight to x-ray resident's right knee, right shoulder and right humerus. Resident able to move all extremities and tolerated sit to stand transfer from wheelchair to bed. Skin intact, no redness, bumps or bruising noted. Writer endorsed to oncoming shift accordingly. R3's 11/28/25 Nurses Note entered at 10:53 PM showed, Technician arrived from [mobile xray company], x-ray of right shoulder, right humerus and right knee being performed. Results pending. Writer endorsed to oncoming shift to follow up on results. R3's 11/29/25 Nurses Note entered at 6:53 AM showed, Resident x-ray result reviewed and resident noted with right knee impacted supra condylar fracture of the distal femur. Relayed to [V2-DON (Director of Nursing)] per DON she will have to compare the current diagnosis with the existing one. Endorsed to AM (morning) nurse. R3's 11/30/25 Nurses Note entered at 9:07 PM showed, Writer observed swelling to right knee. Ice and heat alternated to site, PRN (as needed) Tylenol given and effective. BLE (bilateral lower extremity) positioned onto pillow for comfort. No changes in condition apparent. Resident reports increased pain to right knee when manipulated. R3's 12/1/25 Change of Condition report entered at 1:26 PM by V2 DON (Director of Nursing) showed, . Noted with Xray result of fracture of right femoral head. Primary Care Provider responded with the following feedback: . Send to ER for ortho follow up and plan of care. Immobilization R3's 12/1/25 Nurses Note entered at 2:15 PM showed, Director of Nursing obtained order from [Physician] to send resident to [acute care hospital emergency department] for further evaluation related to right knee impacted supra condylar fracture. ambulance arrived at 2PM and exited until with resident via stretcher at 2:16 PM. R3's Acute Care Hospital Documentation dated 12/1/25 at 2:43 PM showed, Patient arrived to Emergency Department via EMS (emergency medical services) from [the facility] with complaint of right knee injury. Patient had a slip and a fall in the shower on Friday last week. Patient was in shower chair and slipped off landed on right knee. Xray done at facility per patient and EMS showed right knee fracture. Alert and oriented x 4. a [AGE] year-old female with multiple sclerosis - mostly wheelchair bound, who presented with distal femur fracture. Right distal femur fracture; Subacute proximal fibular diaphysis fracture - after falling off the shower chair, ortho consult, anticipate surgery later today. pain control: Norco (opioid pain medication), Tylenol, morphine prn (as needed). R3's 12/4/25 Nurses Note entered at 2:00 PM showed, Resident readmitted to facility from [acute care hospital] following treatment right femur fracture. The facility's</p> <p>(continued on next page)</p>		

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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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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Nursing and CNA schedule with assignments showed V3 CNA was assigned to R3 for the overnight shift from 11PM on 11/28/25 through 7:15 Am on 11/29/25. On 1/25/26 at 10:55 AM, V3 CNA (Certified Nursing Assistant) said, When I came in to work and was doing my rounds, when I got to her room, she told me she was in a lot of pain because she fell out of the shower chair and said she wasn't all the way in the chair. I asked her what she meant, and she said her butt was not all the way in the hole in the shower chair. She said she didn't think her bottom was all the way in the shower chair seat. she said that she said something to them about it twice but they didn't fix her. When I started to check and change her, I noticed her leg was very swollen. She said they took an Xray of her knee. It was very swollen. She told me they iced her knee earlier that day. I noticed that she usually has spasms in her right leg. It usually tenses, stiffens up and shakes, there were no spasms in her leg. I told her I noticed there weren't spasms and asked her if she was sure her leg wasn't broke. She said no, she has a knee fracture. I continued to change her. when I was done, I asked her if she wanted me to get the nurse to get her something for pain. She said tell the nurse I would like two Tylenol. the second night I had her. I noticed her leg was twice the size it was the day before. I asked her about pain medicine. She asked for a nurse again. I noticed that day that also her leg wasn't responding still with the twitches and spasms. She told me she was going to be going to the hospital in the morning and that they were going to look at it. I said, I hope when they get you up in the morning, they don't put you on the sit-to-stand lift because that is what she uses to get up. I told her I'm afraid if they put you on the sit to stand with your leg broken, it can damage something more. I felt like it was more than a knee fracture. I felt like her getting up in that stand was going to provide too much pressure to that leg. Monday night (12/1/25) I found out that she was in the hospital, she went to surgery and her femur bone was fractured or broken. She went from Friday to Monday without knowing what the cause was of the swelling and pain. On 1/27/26 at 4:40 PM, V2 DON (Director of Nursing) said, I was notified her fall on Friday. Usually I ask what happened, how the fall happened. It happened in the shower room, they said she was leaning forward and slid out of her shower chair. I asked if she complained of pain and she said not at first but then she did after that. She told me she talked to the doctor, and I told her to let me know what happens after that. she had Xrays. It said there was a fracture. The facility's policy and procedure with review date of 9/2025 showed, Fall Prevention and Management. General: This facility is committed to maximizing each resident's physical mental and psychosocial wellbeing. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible. All resident falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interview, and record review the facility failed to maintain an effective pest control program to support a sanitary environment and to enhance each residents' quality of life due to the continued presence of pests throughout the facility. The findings include: Review of Pest Control Sighting Log provided by V13 (Maintenance Director) indicated roach in room on 12/08/2025 and 12/23/2025. Review of pest control logs from October 2025 through January 2026 showed the following: Inspection report (#210445) dated 10/09/2025 documented, in addition to regular service, [V13] reports roach activity . and in kitchen dish room, 20-30 fruit flies were seen at time of service. Inspection report (#212938) dated 10/15/2025 documented, [V13] reports roach activity 2nd floor nurses' station .Inspection report (#210446) dated 10/24/2025 documented, 15 fruit flies in main kitchen area. Inspection report (#212222) dated 11/10/2025 documented, around 20 fruit flies were seen throughout the dish room area .Inspection report (#212223) dated 11/28/2025 documented, treated kitchen drains for fruit fly prevention. Fruit flies were present during time of service .Inspection report (#213979) dated 12/16/2025 documented, all visible fruit flies were eliminated during inspection, but cleaning is extremely crucial to completely eliminate his problem to remove any breeding material for their reproduction. Also, broken tiles and missing grout must be fixed to prevent stagnant water and food in between .On 01/24/2026 at 11:34 AM V6 (Certified Nursing Assistant) working on the second floor said yes there are roaches in the shower room up here. The E wing has terrible gnats and some of the rooms on D wing too, but I guess they said they fixed that today. On 01/24/2026 at 11:51 AM, R8 said, . gnats are always an issue. I have two gnat traps on that table over there. I would like to buy some groceries, and I like fresh fruit but I'm afraid to put any in here because the gnats are so bad. [V13 Maintenance Director] needs to come and put more liquid in those traps. The gnat traps are apple shaped and see through. There were several dead gnats observed in the bottom of both traps. On 01/24/2026 at 12:05 PM V22 (Certified Nursing Assistant) working on the second floor said there are roaches in the employee washroom, gnats in dining room and around the water container. I scrubbed out the water container this morning because there were gnats all over it. On 01/24/2026 at 12:11 PM V15 (Certified Nursing Assistant) working on the second floor said there are roaches in the shower rooms, all the time. They are bad and they are big. We all got our stuff in bags because we don't want to take any of these bugs home. Gnats are bad on the E wing. On 01/24/2026 at 1:00 PM, V13 (Maintenance Director) said we have a problem with gnats. We clean the area and when pest control comes in, they will spray. We did have issues with roaches that we reported to pest control. They came in and laid out traps and whenever a staff member reports seeing them, we go to the site but whenever we go, we don't see them. V13 added that roaches were reported at the nursing station, clean utility room and shower room on the second floor. On 01/24/2026 at 2:00 PM, surveyor observed 2 gnats flying around R5's room. R5 we get gnats sometimes. Last saw some a few days ago and informed the housekeeper. (R5's face sheet showed an admission date of 04/03/2024 and indicated resident resides on B wing.) On 01/24/2026 at 2:10 PM, V10 (Certified Nursing Assistant) escorted surveyor into the B wing shower room on the first floor. Surveyor observed approximately 30 gnats within the shower room that were either flying around the room, on the walls or on the shower curtains. V10 said Ewww, that's why I don't come in here because it's nasty. There's always some type of bug in here. V10 added that she takes her residents to the 100 unit spa shower room on their shower days. V10 also said when she was working on the second floor last week, she saw roaches at the nurse's station. On 01/24/2026 at 2:18 PM, R11 said she occasionally sees gnats flying in her room then said she will only shower in the spa shower room on the [100 unit] because</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>the shower room on B wing is nasty and full of bugs. R11 added that she will refuse her shower if staff does not take her to the spa shower room. (R11's face sheet showed admission date of 02/27/2020 and indicated resident resides on B wing.)On 01/24/2026 at 2:30 PM, R10 also said she will only shower in the spa shower room on the [100 unit] because the shower room on B wing is nasty and full of bugs. R10 added that she will refuse her shower if staff does not take her to the spa shower room. (R10's face sheet showed admission date of 11/26/2023 and indicated resident resides on B wing.)On 01/24/2026 at 2:50 PM, surveyor entered B wing shower with V13 (Maintenance Director) and again observed approximately 30 gnats within the shower room that were either flying around the room, on the walls or on the shower curtains. V13 said he had no idea there were gnats in the room because no staff member informed him. He added that there should not be gnats in the shower room. V13 said he was in the shower room on Friday doing some repairs in the room and did not see any gnats present. V13 then said he believes the gnats are coming up from the drains so he will pour a chemical down the drains for a the next several days to help get rid of them. He said they previously used traps that were shaped like an apple but was told by management to discontinue use. At 3:01 PM, V13 said he will call pest control on Monday (01/26/2026) for an emergency visit to be done. On 01/24/2026 at 3:03 PM V21 (Certified Nursing Assistant) working on the second floor said he has not noticed any pests or bugs, then said I do know that staff seem to put their stuff in bags. I've heard about roaches, but I haven't seen them. I heard the E wing shower room on second floor has roaches.On 01/26/2026 at 12:24 PM, V24 (Scheduler) said the first floor consists of three wings: A, B, and C and wings D, E and F are on the second floor.Pest Control policy last reviewed 07/2025 provided by V13 (Maintenance Director) on 01/24/2026 reads in part: Facility shall maintain an effective pest control program. Responsible parties include maintenance and administrator. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. Pest sightings will be reported to maintenance. Sightings are recorded in pest control log at reception desk. Maintenance services assist, when appropriate and necessary, in proving pest control services.</p>		