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	05/18/2026

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that the food preferences and individualized food choices of Indian residents were met, resulting in decreased nutritional intake and unplanned weight loss.This applies to 2 of 5 (R2 and R3) residents reviewed for food preferences in a sample of 5.1.R2's medical record showed that R2 was a [AGE] year-old with diagnoses including diabetes mellitus type 2, long-term use of insulin, heart disease, hemolytic anemia, and thrombocytopenia (Low platelet counts).The Minimum Data Set (MDS) quarterly assessment dated [DATE] showed R2's cognition was moderately intact and required supervision for touch-assisted activities of daily living. A review of the physician's order dated 04/10/2026 showed that R2 has a regular diet with a regular texture and consistency, prefers Indian food, and takes Glucerna twice daily. R2's dietary care plan showed to follow the physician's diet order and that R2 was well nourished in the current diet regimen.The facility did not have a menu for Indian cultural food; however, the lunch menu for a vegetarian diet (not cultural Indian diet) on 05/15/2026 showed Cheese Quesadilla (1 Each), Buttered Noodles, Normandy Blend Vegetables, Dinner Roll, Margarine, Chocolate Brownie, and Beverage of Choice.On 05/15/2026 at 12:30 PM, R2 was served a lunch tray with rice, a piece of plain bread, Normandy blend vegetables, chocolate brownies, lentil soup, and approximately 1.5 ounces of yogurt, which was different from what was listed on the weekly menu. At 1:00 PM, R2's food remained untouched and she was upset. R2 said that this happens every single day and she doesn't feel like eating it. On 05/15/2026 at 1:10 PM, V6 (Assistant Manager of Dietary) was in the hallway and was asked to see R2's meal tray. V6 checked R2's tray and said it was the Indian meal they were offering, and V6 did not offer any alternative menu to R2. V7 (Registered Nurse) also checked R2's tray and had not provided the Glucerna ordered for R2. V8 (Certified Nursing Assistant) who was removing the tray, did not notify anyone that R2 did not eat the meal, and R2's food intake at lunch was recorded as 75-100 percent.On 05/15/2026, V2 (Director of Nursing) was asked to weigh R2, and her weight was 105.6 pounds. R2's recorded weight on 05/01/2026 was 111 pounds, indicating 4.87% weight loss over 2 weeks. On 02/05/2026, R2 weighed 122 pounds. The percentage of weight loss in three months was 13.93.2.R3's medical record showed that R3 was [AGE] years old with diagnoses including diabetes mellitus type 2, long-term use of insulin, heart disease, chronic kidney disease, and gastroesophageal reflux disease.A review of the physician-revised order dated 02/24/2025 showed that R3 has a regular texture and a liquid consistency, with a double portion with all meals. R3's dietary care plan, revised on 05/13/2026, showed that it followed the physician's diet order and offered food alternatives based on their food preferences.On 05/15/2026 at 12:35 PM, R3 was served with a lunch tray with grilled cheese, rice, and green vegetables. At 1:05 PM, R3's tray was untouched, and R3 said she gets grilled cheese every single day, even though she doesn't like it. R3 said that because of the food's taste, her family tries to bring her food, and that they don't even offer any alternative. R3 said looking at their meal tray causes her frustration.On 05/15/2026 at 1:10 PM, the writer approached V6 (Assistant Manager of Dietary), who was in the hallway, and expressed R3's concerns. V6 checked R3's tray, and R3 voiced the same concern. V6 argued with her, saying, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	05/18/2026

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	You eat everything the facility serves and did not offer any alternative menu for R3 to choose from. R3's food intake was recorded as 75-100 percent of lunch.On 05/15/2026 at 1:30 PM, V8 (Certified Nursing Assistant) said that if residents refuse to eat, they notify the nurses, and she had not yet had a chance to notify the nurse.On 05/17/2026, at 9:40 AM, V7 (Registered Nurse) said that when staff who monitor residents during meals notify nurses if residents refuse to eat or do not like their food, they call the kitchen supervisor for an alternative menu. V7 said two CNAs were assigned to tray distribution and monitoring, and V7 learned that another CNA went on break while V8 was doing everything and did not notify her. On 05/15/2026 at 3:00 PM, V9 (Registered Dietitian) said residents should have preferred meals and alternative meals, with a focus on daily intake of 6 ounces of protein. On 05/15/2026 at 3:30 PM, V3 (Regional Director of Operations - Vendor) said the facility kitchen should have an option menu and that the facility should inform dietary. V3 added that V6 (Assistant Manager of Dietary) should have offered an alternate menu. The Always Available Facility's Menu dated 05/15/2026 showed Hamburger (3 Oz), Egg Salad Sandwich (1 each), Chef's Salad (1 each), Grilled American Cheese Sandwich (1 each), and Deli Sandwich (1 each), and did not have an option for Indian cultural Menu.On 05/17/2026, V4 (Regional Chef-Vendor) said they have the Indian chef, who does the shopping for Indian grocers and prepares meals for them, and the facility monitors it. V4 said there are discrepancies in the menu. V4 said he won't be able to reach out to the chef who cooks Indian meals during his off-time per a union contract, and the writer was unable to interview.Policy & Procedure on menu alternative dated 05/31/2021 showed Nutritionally comparable menu items shall be available to accommodate resident food preferences. Alternate menu items are planned during the menu-planning process for protein sources, grains, fruits, and vegetables. Alternate menu items may be included on the cycle menu and/or included with the always available items. A By Request or Always Available menu will be written and available in all resident service areas. Various dining service areas may have slightly different versions of the By Request menu designed to meet resident needsThe facility policy Meal Service, titled Resident Meal Tickets - Food Preferences, Dislikes, and Allergies revise dated 05/14/2026 showed the facility ensure residents receive meals that honor their individual food preferences in a consistent, efficient, and regulatory-compliant manner, while promoting dignity, choice, and safety. The policy further showed the Dietary Manager / Dining Manager is responsible for ensuring all preferences are correctly entered and updated and Nursing and Dietary staff must review meal tickets before service.