

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Bria of Elmwood Park		STREET ADDRESS, CITY, STATE, ZIP CODE 7733 West Grand Avenue Elmwood Park, IL 60707	

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 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 observation, interview, and record review, the facility failed to adequately transcribe hospital nutrition support orders for one resident (R1) who readmitted to the facility on [DATE] and failed to follow physician orders for three residents (R2, R3, and R4) who require nutrition support. This failure resulted in R3 having a severe weight loss of 11.7% in six months and R1 who was severely underweight with multiple pressure ulcers to not receive adequate nutrition.</p> <p>Findings Include:</p> <p>R1 is a [AGE] year-old male who originally admitted to the facility on [DATE]. R1 was hospitalized on [DATE], readmitted to the facility on [DATE], and sent to the hospital again on 6/2/2025. R1 remains in the hospital at the time of this survey.</p> <p>R1 has multiple diagnoses including but not limited to the following: Respiratory failure, protein calorie malnutrition, intracranial injury, hydrocephalus, traumatic brain injury, seizures, dysphagia, tracheostomy, gastrostomy, oxygen dependence, AFib, and dependence on oxygen.</p> <p>Hospital discharge records dated 5/26/2025 show tube feeding diet of TwoCal (2.0) at 35 milliliters per hour to be ran continuously. Also shows resident was to receive the following nutritional supplements: Prosource one time a day and Juven two times a day.</p> <p>R1's physician orders dated 5/26/2025 state in part but not limited to the following: TwoCal at 35 milliliters/hour to be started at 11AM and off at 6AM. It is to be noted that the the nutritional supplements of Juven was not started until 5/29/2025 and Promote was not started until 5/30/2025.</p> <p>It is to be noted that R1's body weight measurements were as follows: 88.8 lbs (Admission-3/17/2025); 77.0 lbs (Readmission-5/29/2025); and 74.4 lbs (6/2/2025) R1 experienced a weight loss of 3.4% in four days, is considered to be severely underweight, and had multiple pressure ulcers.</p> <p>R2 is a [AGE] year-old male who originally admitted to the facility on [DATE] and continues to reside in the facility. R2 has multiple diagnoses including but not limited to the following: respiratory failure, emphysema, alcoholic liver disease, COPD, tracheostomy, gastrostomy, anxiety, epilepsy, dysphagia, schizophrenia, and dependence on respirator.</p> <p>On 6/10/2025 at 10:50AM, R2 was observed laying in bed with no tube feeding running.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's physician orders state in part but not limited to the following: Jevity 1.5 at 70 milliliters/hour x 22 hours (On at 10AM and off at 8AM).</p> <p>R3 is a [AGE] year-old female who originally admitted to the facility on [DATE] and continues to reside in the facility. R3 has multiple diagnoses including but not limited to the following: respiratory failure, dysphagia, tracheostomy, gastrostomy, seizures, dementia, psychoactive substance abuse, anoxic brain damage, and pneumonia.</p> <p>At 10:52AM, R3 was observed laying in bed with no tube feeding running.</p> <p>R3's physician orders state in part but not limited to the following: Jevity 1.5 at 50 milliliters/hour x 21 hours (On at 2PM and off at 11AM).</p> <p>Nutritional assessment dated [DATE] states in part but not limited to the following: R3 exhibited a significant weight loss of 11.7% in six months and 9.2% weight loss in two months. Recommended to increase tube feeding to help promote weight stability.</p> <p>At 11:00AM, V5 (Licensed Practical Nurse) said when I arrive for my shift at 7AM, R3's tube feeding is usually not running. I know it starts at 2PM which is when I start it. I am looking at R3's physician orders now and I see it says run till 11AM, so I am not sure why it is not running when I get here at 7AM. V5 said sometimes the CNA's will turn off the tube feedings when they are performing ADL care.</p> <p>R4 is a [AGE] year-old female who originally admitted to the facility on [DATE] and continues to reside in the facility. R4 has multiple diagnoses including but not limited to the following: cerebral infarction, DM, pressure ulcer, gastrostomy, epilepsy, psychosis, adjustment disorder, neuromuscular dysfunction of bladder, and respiratory failure.</p> <p>At 11:20AM, R4 was observed laying in bed with no tube feeding running.</p> <p>R4's physician orders state in part but not limited to the following: Osmolite 1.5 at 85 milliliters/hour x 22 hours (On at 2pm and off at 12PM).</p> <p>At 11:30PM, V7 (Licensed Practical Nurse) was on break when this surveyor asked to speak to her. V7 said I gave her medication around 10AM and I turned it off then. I typically turn it off for 30 minutes-1 hour to let the medication absorb and then I turn it back on after this.</p> <p>At 11:45AM, V8 (Registered Dietitian) said when a resident admits from the hospital. The admitting nurse is to follow the orders from the hospital discharge. When a resident comes from the hospital on a continuous feeding, they should follow this order until I come in to evaluate and make the recommendation to change it. I did not make a recommendation to change R1's tube feeding and recommended to keep it as continuous. I wanted to monitor R1's tolerance of this new formula and since he has multiple comorbidities including weight loss, was severely underweight, and had pressure ulcers, a continuous feeding makes sense for now. When I evaluated him on 5/28/2024, I recommended to continue the continuous feeding.</p> <p>V8 said if residents do not receive the correct nutritional support order, this can lead to weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 2:11PM, V9 (Nursing Supervisor) said when R1 was readmitted on [DATE], I transcribed the orders from the hospital. The hospital discharge paperwork had the formula and rate but not how many hours it should be run. I thought his order was the same as when he discharged so I reactivated the previous order. It is my understanding that the nursing management staff will double check it from there. I found out later that he was supposed to be on a continuous feeding. V9 said when CNA's provide ADL care such as changing and repositioning, they ask the nurse to stop the feeding temporality and the nurse is to restart it immediately after they are done with care. When medication is given, the nurse is to stop the feeding, give the medication and flush with water, then resume the feeding.</p> <p>Per physician orders, resident was receiving Osmolite1.5 at 60 milliliters/hour to start at 11AM and stop at 6AM at time of hospitalization on 3/23/2025 and hospital discharge paperwork dated 5/26/2025 state TwoCal at 35 milliliters/hour continuous. It is to be noted that R1 was not on the same formulary as prior to hospitalization.</p> <p>At 2:30PM, V3 (Assistant Director of Nursing) said when CNA's provide ADL care, the nurse will turn off the feeding and restart it when they are done. When the nurses give the residents medication, the tube feeding can be stopped, the medication given, they will flush the tubing, and if everything looks good, they can restart the feeding. To my knowledge, there is no reason to hold the feeding more than this after giving medication unless indicated.</p> <p>Facility policy titled Tube Feeding with review date of 9/2024 states in part but not limited to the following: Gastrostomy tubes are used when an alternate method of nutrition is needed. Continuous tube feedings are based upon a 22-hour consumption period or other time frame based on individual resident need per Registered Dietitian assessment and delivered over a 24-hour period.</p> <p>Facility policy titled Physicians Orders with last revision date of 01/2023 states in part but not limited to the following: physician orders are followed as written.</p>