

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Investigations: 2275942/IL149538, & 2275752/IL149307			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.610a) 300.1210b) 300.1210c) 300.1210d)2 300.1210d)4)A 300.1210d)5 300.3240a)			
	Section 300.610 Resident Care Policies			
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			
	Section 300.1210 General Requirements for Nursing and Personal Care			
	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological			
			<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIAOF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free from neglect when it failed to provide structures and processes to care for residents receiving tube feedings, and for residents with indwelling urinary catheters. Facility failed to ensure physician orders for nutrition, hydration, and wound care were followed to prevent pressure ulcers and ensure wound healing.</p> <p>The facility neglected to follow their policy for administering and documenting the total amount of tube feeding received by residents and administering tube feeding and free water flushes as ordered by the physician. This failure resulted in R1 sustaining a significant weight loss of 6.38 percent in one month, developing a facility-acquired pressure ulcer, and being hospitalized for sepsis and dehydration</p> <p>The facility neglected to follow their policy for monitoring urine output and providing catheter care for residents with indwelling urinary catheters. The facility also neglected to ensure all residents admitted or readmitted to the facility with indwelling urinary catheters had physician orders for the indwelling urinary catheters. This failure resulted in R1 experiencing marked distension of the urinary bladder with urine retention of 900 ml (milliliters) of purulent, bloody urine and being admitted to the local hospital with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>a diagnosis of sepsis with encephalopathy.</p> <p>This applies to 5 of 5 residents (R1, R2,R3, R4 and R5) reviewed for neglect in the sample of 17.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on May 11, 2022. The EMR continues to show R1 was transferred to the local hospital on July 20, 2022 and did not return to the facility. R1 had multiple diagnoses including diabetes, protein-calorie malnutrition, vascular dementia, gastrostomy tube, dysphagia, metabolic encephalopathy, weakness, psychosis, anemia, mood disorder, chronic kidney disease, falls, long-term use of anticoagulants, history of Covid-19, history of pulmonary embolism, history of TIA (Transient Ischemic Attack), and history of UTIs (Urinary Tract Infections).</li> </ol> <p>R1's MDS (Minimum Data Set) dated May 15, 2022 shows R1 had moderately impaired cognition. R1 was totally dependent on facility staff for bathing, transfers between surfaces, and eating, R1 required extensive assistance with bed mobility, locomotion, dressing, toilet use and personal hygiene. R1 was always incontinent of bowel and bladder.</p> <p>R1's care plan for renal insufficiency related to chronic kidney disease, initiated May 18, 2022 shows multiple interventions dated May 18, 2022 including "Monitor/document/report for signs/symptoms of acute renal failure Oliguria (urine output less than 400 ml per 24 hours, increased BUN (Blood Urea Nitrogen) and creatinine."</p> <p>The EMR shows an order dated July 7, 2022 to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>cleanse R1's right buttocks wound with normal saline and apply medi-honey alginate, then cover with bordered foam dressing every day shift. R1's TAR (Treatment Administration Record) dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the physician-ordered wound treatment on July 11, 13, 16, 17, and 18, 2022.</p> <p>The EMR continues to show R1 was sent to the local hospital on July 9, 2022. R1 returned to the facility on July 9, 2022 with an indwelling urinary catheter due to urine retention, pending urinalysis and urine culture results, and an order to "ask your doctor about these medications: Amoxicillin clavulanate (Augmentin) 875/125 mg., take 1 tablet by mouth two times daily for 11 doses. Start tonight and continue 11 doses total with food." The facility does not have documentation to show nursing staff obtained an order from the physician to continue R1's indwelling urinary catheter or the physician's response to starting the Augmentin antibiotic. The facility does not have documentation to show nursing staff followed up on the urinalysis or urine culture results.</p> <p>The facility does not have documentation to show R1's urine output was measured or monitored every shift, or that R1 received daily indwelling urinary catheter care for the period of July 9, 2022 through July 20, 2022 when R1 was sent to the local hospital for unresponsiveness.</p> <p>The EMR shows an order dated May 12, 2022 to July 15, 2022 for enteral feed order for Jevity 1.2 at 72 ml/hour until 1440 is infused. R1's July 2022 MAR/TAR (Medication Administration Record/Treatment Administration Record) dated July 27, 2022 at 12:43 PM show the facility does</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>not have documentation to show the feeding was administered as ordered on June 17, 18, 25, 28, 30, 2022 and July 10, 11, and 13, 2022.</p> <p>The EMR shows an order dated July 15, 2022 to July 20, 2022 for Jevity 1.2 at 80 ml/hour until 1600 ml is infused. R1's July 2022 MAR/TAR dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the feeding as ordered on July 15 and 17, 2022.</p> <p>The EMR shows an order dated May 12, 2022 to July 6, 2022 for 200 ml water flush, four times a day. R1's June and July 2022 MAR/TAR dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the water flushes as ordered on June 17, 18, 19, 20, 24, 25, 27, 28, 30, 2022, July 2, 4, and 6, 2022.</p> <p>The EMR shows an order dated July 6, 2022 for 400 ml water flush, four times a day. R1's July 2022 MAR/TAR dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the water flushes as ordered on July 6, 7, 8, 10, 11, 13, 14, 15, 16, 17, and 18, 2022.</p> <p>The EMR shows R1's weight on June 7, 2022 at 166.2 pounds. On July 6, 2022 R1's weight was 154.0 pounds. R1 was reweighed on July 7, 2022. R1's weight was 155.6 pounds, a 6.38 percent weight loss in one month.</p> <p>The EMR shows an order dated July 7, 2022 to cleanse R1's right buttocks wound with normal saline and apply medi-honey alginate, then cover with bordered foam dressing every day shift. R1's TAR (Treatment Administration Record) dated July 27, 2022 at 12:43 PM shows the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>facility does not have documentation to show R1 received the physician-ordered wound treatment on July 11, 13, 16, 17, and 18, 2022.</p> <p>The EMR shows an order dated July 8, 2022 to July 14, 2022 for "Wound/burn dressing paste, apply to coccyx wound topically every day shift to promote healing after cleansing with normal saline solution. Then cover with alginate and bordered foam dressing." R1's TAR dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the physician-ordered wound treatment on July 11, and 13, 2022.</p> <p>The EMR shows the following order dated July 14, 2022: "Santyl ointment 250 unit/gm (gram) apply to coccyx wound topically every day shift to promote wound healing after cleansing with normal saline, then cover with bordered foam dressing. Apply skin prep to surrounding skin every dressing change." R1's TAR dated July 27, 2022 at 12:43 PM shows the facility does not have documentation to show R1 received the physician-ordered wound treatment on July 16, and 17, 2022.</p> <p>On July 20, 2022 at 7:37 PM V11 (ER physician) documented, "This is an 84-year-old female with a history of dementia, ischemic stroke, hypertension, chronic kidney disease, metabolic encephalopathy, type 2 diabetes mellitus, atherosclerotic heart disease, pulmonary embolism, recurrent urinary tract infection due to indwelling urinary catheter who was sent here from [nursing care facility] because of decreased level of consciousness. Evidently patient who is usually responsive is unresponsive today when nursing staff checked on her. Patient also appeared to have decreased urinary output, so</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>she was transferred to the ED. On arrival to the emergency department the patient is definitely decreased responsiveness, she only responds to deep pain, she is tachypneic and tachycardic. Patient is a DNR (Do Not Resuscitate), so was not intubated but rather placed on BiPAP (Bilevel Positive Airway Pressure) for her respiratory rates. Her oxygen saturation was maintained at 100% in spite of her tachypnea. Unable to give any history. ... Patient with a large decubitus ulcer present on her sacrum, it is not very deep however there is a very wide area measuring about 8 to 9 mm (millimeters) that is affected. Patient's indwelling urinary catheter was changed out by nursing staff, and it was noted to not be completely in place, patient was urinating around it, and when it was removed a large amount of urine came out onto the bed. 8 French catheter was inserted, and a large amount of purulent and bloody urine immediately drained into the bag. Patient drained about 900 ml immediately and at this point her respiratory rate did drop down to 31 breaths/minute. Will be admitted for sepsis."</p> <p>The EMR shows R1's BUN (Blood Urea Nitrogen) blood level on July 5, 2022 was 32 mg/dL (milligrams/deciliter) (Normal range 7-28 mg/dL), and R1's creatinine level was 0.28 mg/dL (normal range 0.44 to 1.32 mg/dL). Upon admission to the hospital on July 20, 2022 at 7:52 PM, R1's BUN level was 81 and R1's creatinine level was 2.92.</p> <p>On July 28, 2022 at 11:47 AM, V4 (Dietitian) said, "I increased [R1's] water flushes due to her lab results showing she had an elevated BUN level of 32 mg/dL. Increased levels of the BUN and creatinine can indicate dehydration. The tube feeding and water flush calculations, if given as ordered, should have prevented [R1] from</p>	S9999		
-------	---	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>becoming dehydrated. I ordered everything necessary to keep her hydrated and promote wound healing. But if the order was not administered the way it was intended, I would not know that. I was never told by facility staff there were any concerns regarding [R1] tolerating the tube feedings or water flushes or that she was not receiving the tube feedings as ordered."</p> <p>On July 28, 2022 at 12:03 PM, V9 (Wound Physician) said, "I saw [R1] on July 7, 2022. The Stage 3 pressure ulcer of the coccyx was identified that day. Getting the correct amount of tube feeding and hydration is paramount to wound healing. This resident already had a wound on her buttocks, and the lack of nutrition played a role in a second wound developing."</p> <p>On July 28, 2022 at 12:29 PM, V5 (NP-Nurse Practitioner) said R1 was found unresponsive in her room on July 20, 2022. V5 said, "[R1] was not responsive to painful stimuli, though she did have vital signs on July 20, 2022. We called an ambulance, and she was transported to the local hospital. A review of her hospital records shows [R1] was admitted to the hospital with a diagnosis of sepsis and encephalopathy. Reviewing her hospital records further shows her indwelling urinary catheter was not draining urine properly upon arrival to the hospital and once the hospital personnel removed the malfunctioning catheter and inserted the new catheter, [R1] had 900 ml of bloody, purulent urine. Her labs drawn at the hospital further showed [R1] had a UTI (Urinary Tract Infection). If a resident has an indwelling urinary catheter, facility staff should be monitoring the resident's urine output for the amount of urine output per shift, as well as the appearance of the urine including if the urine is cloudy, blood-tinged, or has an odor. I do not see any documentation</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>to show [R1's] urine was being monitored for any of those things since the catheter was inserted in the ER on July 9, 2022. Also, [V6] (NP) ordered an infectious disease consult, a urinalysis, and a urine culture for [R1] on July 5, 2022. Those labs were never obtained nor was the consult. A few days later, on July 9, [R1] went to the emergency room for hip pain and was diagnosed with urine retention of 900 ml of urine, and had an indwelling urinary catheter inserted in the ER, and also a urinalysis and urine culture were done. Those results were never followed up on by the nursing staff at the facility. [R1's] discharge paperwork from the ER on July 9, 2022 showed to check with the physician to see if an antibiotic (Augmentin) should be started. No facility staff informed me of those orders or asked if an antibiotic should be started for [R1]. All of those failures combined resulted in this resident ending up in the hospital with a UTI and sepsis on July 20."</p> <p>On August 1, 2022 at 10:33 AM, V6 (NP) said, "It has always been my experience while working at the facility, that when I see my residents and have orders, I write the information in my progress note and then tell the nurse and give verbal orders for what needs to be done, and it is the responsibility of the nurse to carry out those orders. On July 5, I was covering the entire facility, including my patients and [V5's] patients. I noticed [R1's] labs showed an elevated white blood cell count as well as elevated BUN, so I ordered additional hydration, and urinalysis and urine culture, as well as an infectious disease physician consult. On this particular day I very much remember verbally giving these orders to the nurse caring for [R1]. The resident appeared dry to me that day, and I increased her free water flushes in addition to the labs to be drawn. If that's an order, the nurse is a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10</p> <p>licensed individual and should carry out the orders, and if it isn't able to be done, notify either the NP or the physician." The facility does not have documentation to show V6's physician consult orders or laboratory orders were carried out as ordered.</p> <p>On August 1, 2022 at 10:40 AM, V6 (NP) said, "I saw [R1] on July 5, 2022. She appeared dry to me, based on her labs. I had no idea the facility staff were not giving the water flushes as ordered. If that's an order, you are a licensed individual and you should carry out the orders and if it isn't able to be done, we should be notified."</p> <p>On August 1, 2022 at 4:19 PM, V12 (Physician) said, "I cared for [R1] in the hospital. She had sepsis due to a UTI. This resident also had a poor heart and cardiomyopathy. I expect the facility staff to follow the policy and document the resident's urine output every shift. The resident should also have received catheter care. The fact that she did not receive the urinalysis and urine culture on July 5, 2022, and the infectious disease consult, as well as the antibiotic following her ER visit on July 9, 2022, and monitoring of her urine output all led to this resident ending up in the hospital with sepsis. All of those things were really necessary to prevent this hospitalization."</p> <p>2. On August 1, 2022 at 11:26 AM, R2 was lying in bed in his room. R2's indwelling urinary catheter was draining cloudy urine with sediment in the tubing. R2 did not have tube feeding running at the time of the observation. A tube feeding bag was attached to the tube feeding pole labeled Glucerna, tube feeding was present in the dispensing bag, and the tube feeding tube was connected to R2's gastrostomy tube. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11.</p> <p>bag was dated August 1, 2022 at 5:00 AM. The tube feeding pump was in the off position.</p> <p>The EMR shows R2 was admitted to the facility on April 20, 2020 with multiple diagnoses including, protein-calorie malnutrition, tracheostomy, gastrostomy, hemiplegia, and hemiparesis following intracerebral hemorrhage, anxiety, alcohol abuse, major depressive disorder, and alcoholic hepatitis.</p> <p>R2's MDS dated July 6, 2022 shows R2 has severe cognitive impairment, requires extensive assistance with eating, dressing, personal hygiene, and transfers between surfaces and is totally dependent on facility staff for all other ADLs.</p> <p>The EMR shows an order dated April 2, 2020 for an indwelling urinary catheter. The EMR continues to show an order to "Record Output every shift on output task."</p> <p>The facility does not have documentation to show R2 had urine output recorded every shift for the following dates: July 2, 6, 11, 12, 22, and 31, 2022.</p> <p>The facility does not have documentation to show R2 received daily catheter care on July 8, 20, 25 or 28, 2022.</p> <p>On August 1, 2022 at 12:12 PM, R2's tube feeding pump continued to be in the off position and R2 was not receiving the tube feeding. V13 (LPN-Licensed Practical Nurse) entered the room and said the tube feeding should be turned on. V13 turned the tube feeding machine to the on position and the tube feeding started to run at 60 ml/hour. V13 continued to check the status of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>R2's tube feeding pump. The pump showed a total amount infused as 9,577 ml. V13 said, "Someone forgot to clear the pump when the tube feeding was started so we have no idea how much the resident is receiving. He should receive 700 ml. The nurse from the night shift forgot to start [R2's] tube feeding last night at 5:00 PM, so the tube feeding did not get started until 5:00 AM this morning. I have not given any water flushes yet to the resident." V13 went to the computer and checked the tube feeding order for R2 and said the order shows R2 should receive 720 ml not 700 ml as she previously stated.</p> <p>The EMR shows R2 was admitted to the facility on April 20, 2020 with multiple diagnoses including, protein-calorie malnutrition, tracheostomy, gastrostomy, hemiplegia, and hemiparesis following intracerebral hemorrhage, anxiety, alcohol abuse, major depressive disorder, and alcoholic hepatitis.</p> <p>The EMR shows an order dated May 22, 2022 for Glucerna 1.2 to run at 60ml/hour until 720 ml is infused, to start at 5:00 PM. R2's July 2022 MAR/TAR dated August 1, 2022 at 12:59 PM shows the facility does not have documentation to show R2 received the tube feeding as ordered on July 16 or 31, 2022.</p> <p>The EMR shows an order dated March 16, 2022 for free water flushes of 150 ml, three times a day. R2's July 2022 MAR/TAR dated August 1, 2022 at 12:59 PM shows the facility does not have documentation to show R2 received the water flushes as ordered on July 3, 7, 12, 16, 17, 23, and 31, 2022.</p> <p>The EMR shows an order dated April 2, 2020 for an indwelling urinary catheter. The EMR</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>continues to show an order to "Record Output every shift on output task."</p> <p>The facility does not have documentation to show R2 had urine output recorded every shift for the following dates: July 2, 6, 11, 12, 22, and 31, 2022.</p> <p>The facility does not have documentation to show R2 received daily catheter care on July 8, 20, 25 or 28, 2022.</p> <p>3. On July 28, 2022 at 2:19 PM, R3 was observed sitting in the wheelchair. R3 had an indwelling urinary catheter bag suspended from the side of his wheelchair.</p> <p>The EMR shows R3 was admitted to the facility on March 18, 2022 with multiple diagnoses including, intracranial injury, hemiplegia and hemiparesis following cerebral infarction, dementia with behaviors, chronic kidney disease, cardiomyopathy, and urine retention.</p> <p>R3's MDS dated July 14, 2022 shows R3 is cognitively intact, requires supervision with eating, and extensive assistance with all other ADLs. At the time of the MDS assessment, R3 had an indwelling urinary catheter and was always incontinent of stool.</p> <p>The EMR shows an order for an indwelling urinary catheter dated July 16, 2022.</p> <p>As of July 28, 2022 at 2:19 PM, the facility did not have any documentation to show R3's urine output was recorded and monitored every shift for the period July 16, 2022 through July 28, 2022.</p> <p>4. On August 1, 2022 at 11:31 AM, R4 was sitting</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>up in the chair in his room. R4 was unable to answer questions due to his cognitive status.</p> <p>The EMR shows R4 was admitted to the facility on January 25, 2022 with multiple diagnoses including gastrostomy tube, severe protein-calorie malnutrition, dysphagia, encephalopathy, pressure ulcer of the sacral region, dementia, arial fibrillation, and hypertension.</p> <p>R4's MDS dated May 3, 2022 shows R4 has severe cognitive impairment, and is totally dependent on facility staff for eating, transfers between surfaces, and bathing, and requires extensive assistance for all other ADLs.</p> <p>The EMR shows an order dated March 24, 2022 for Osmolite 12 at 70 ml/hour until 1400 ml is infused. The EMR also shows an order dated July 30, 2022 for Osmolite 1.2 at 75 ml/hour until 1500 ml is infused, to start at 5:00 PM daily. During review of the EMR on July 28, 2022, the facility did not have documentation to show R4 received the tube feeding as ordered on July 7, 12, 13, 14, 17, 17, 18, 19, or 21, 2022.</p> <p>The EMR shows an order dated March 24, 2022 for water flush of 150 ml, three times a day. During review of the EMR on July 28, 2022, the facility did not have documentation to show R4 received the water flushes as ordered on July 1, 7, 14, 15, 16, 17, 28, 19, 20, 21, 22, 24, and 27, 2022.</p> <p>On July 7, 2022, V9 (Wound Physician) documented a Stage 4 pressure ulcer to R4's sacrum of greater than 108 days duration. V9 measured R4's wound as 3.9 x 2.7 x 0.8 cm. V9 documented: "Goal of treatment is healing ..."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>The EMR shows an order dated March 19, 2022 for "Medi-honey calcium alginate 4-inch x 5-inch pad. Apply to sacral wound topically every day shift to promote wound healing after cleansing with normal saline, then cover with bordered foam dressing." During review of the EMR on July 28, 2022, the facility did not have documentation to show R4 received the physician-ordered wound dressing changes on July 14, 15, 16, or 17, 2022. On July 28, 2022 at 10:25 AM, V3 (Wound Care Nurse) reviewed the documentation in the EMR and confirmed nursing did not document wound care for R4 on July 14 through 17, 2022.</p> <p>The EMR shows an order dated March 24, 2022 for Osmolite 12 at 70 ml/hour until 1400 ml is infused. The EMR also shows an order dated July 30, 2022 for Osmolite 1.2 at 75 ml/hour until 1500 ml is infused, to start at 5:00 PM daily. As of July 28, 2022 at 10:25 AM, the facility did not have documentation to show R4 received the tube feeding as ordered on July 7, 12, 13, 14, 17, 17, 18, 19, or 21, 2022.</p> <p>The EMR shows an order dated March 24, 2022 for water flush of 150 ml, three times a day. During review of the EMR on July 28, 2022 at 10:25 AM, the facility did not have documentation to show R4 received the water flushes as ordered on July 1, 7, 14, 15, 16, 17, 28, 19, 20, 21, 22, 24, and 27, 2022.</p> <p>On August 1, 2022 at 10:20 AM, V2 (DON-Director of Nursing) reviewed R4's documentation and said as of August 1, 2022, the medical record had been altered from observations on July 28, 2022 to show missing documentation of R4's wound treatments, tube feeding, and water flushes were now filled in for the month of July 2022. V2 said, "I thought we</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 16</p> <p>had a grace period and could go back for the month and fill in the documentation that was missing." V15 (Regional Nurse Consultant) said nursing staff should document all medications administered, tube feedings, water flushes and wound treatments at the time of administration.</p> <p>5. Right ischial tuberosity dressing orders dated June 25, 2022 show, "Cleanse with normal saline then apply collagen On July 28, 2022 at 9:13 AM. R5 was lying in bed. R5 had a low air loss mattress in place.</p> <p>On July 28, 2022 at 9:20 AM, R5 was lying in bed in her room. R5's indwelling urinary catheter was suspended from the side of the bed.</p> <p>The facility does not have documentation to show R5's urine output was recorded every shift on July 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 2022.</p> <p>The EMR shows R5 was admitted to the facility on May 31, 2022. R5 has multiple diagnoses including, protein-calorie malnutrition, sacral pressure ulcer, right and left heel pressure ulcer, morbid obesity, UTI, head injury, depression and falls.</p> <p>The EMR shows an order for an indwelling urinary catheter dated July 2, 2022 due to R5's pressure ulcer. The EMR continues to show an order to record urine output.</p> <p>R5's MDS dated June 7, 2022 shows R5 is cognitively intact, is totally dependent on facility staff for transfers between surfaces, and bathing, requires supervision with eating, and extensive assistance with all other ADLs.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 17</p> <p>For the period July 5, 2022 to July 31, 2022, the facility shows R5 received catheter care on July 23, 2022. The facility does not have documentation to show R5 received catheter care on any other days during the July 5 to July 31, 2022 period.</p> <p>V9's (Wound Physician) documentation for R5 dated July 21, 2022 shows the following four wounds and treatment plans:</p> <p>A Stage 4 pressure ulcer of the left ischium for greater than 46 days, measuring 6.5 x 17.5 x 3 cm. Dressing treatment plan: Daily dressing change with alginate calcium and collagen powder, and cover with foam silicone border dressing daily and as needed.</p> <p>Left ischium wound dressing orders dated July 15, 2022 show "Cleanse wound with normal saline solution then apply calcium alginate and collagen then cover with bordered dressing every day shift." R5's July 2022 MAR/TAR dated August 2, 2022 at 10:14 AM shows the facility does not have documentation to show R5 received the wound treatments on July 15, and 16, 2022.</p> <p>A Stage 3 pressure ulcer of the right ischium for greater than 46 days, measuring 4 x 4.5 x 0.1 cm. Dressing treatment plan: Daily dressing change with alginate calcium and foam silicone border dressing daily and as needed.</p> <p>Right ischial tuberosity dressing orders dated June 25, 2022 show, "Cleanse with normal saline then apply collagen and calcium alginate then cover with bordered form dressing every day shift." R5's July 2022 MAR/TAR dated August 2, 2022 at 10:14 AM shows the facility does not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 18</p> <p>have documentation to show R5 received the wound dressing changes on July 1, 4, 5, 6, 11, 12, 14, 15, and 16, 2022.</p> <p>An unstageable left heel wound for greater than 46 days, measuring 3.5 x 3.6 x 0.1 cm. Dressing treatment plan: Daily dressing change with application of santyl ointment and gauze island border dressing.</p> <p>Left heel wound dressing orders dated June 4, 2022 to July 21, 2022 show: "Apply betadine and dry protective dressing daily." R5's July 2022 MAR/TAR dated August 2, 2022 at 10:14 AM shows the facility does not have documentation to show R5 received the dressing changes as ordered on July 1, 4, 5, 6, 11, 12, 14, 15, and 16, 2022.</p> <p>An unstageable right heel wound for greater than 46 days, measuring 2.5 x 3 x 0.3 cm. Dressing treatment plan: Application of santyl ointment daily with gauze island border dressing.</p> <p>Right heel wound dressing orders dated June 25, 2022 to July 14, 2022 show: "Apply betadine and dry protective dressing every day shift, cleanse with normal saline solution and pat to dry." R5's July 2022 MAR/TAR dated August 2, 2022 at 10:14 AM shows the facility does not have documentation to show R5 received the wound dressing as ordered on July 1, 4, 5, 6, 11, and 12, 2022.</p> <p>On July 28, 2022 at 10:25 AM, V3 (Wound Care Nurse) said V9 (Wound Physician) comes to the facility once a week, though she just missed a week due to Covid-19. V19 (Treatment Nurse) is new to the facility and has been at the facility about a month. V18 (Wound Nurse) also helps</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 19</p> <p>with providing wound treatments. V3 said, "If the wound nurse is not here, then the staff nurse is required to do the wound dressing changes for the residents. [V18] comes to the facility on Thursdays and Fridays or every other weekend. I was on vacation from July 4 to July 18, 2022 and I saw a lot of holes in the wound documentation when I returned, meaning there was no documentation to show the wound dressings were changed. The nursing staff is required to document on the TAR (Treatment Administration Record) after completing a wound treatment. We don't really have a way to let the nursing staff know there is no wound treatment nurse in the facility. The staff should check the TAR and if they see the wound treatment was not completed, then the staff nurse should complete the wound treatment. If they check the TAR and it hasn't been done then they should do it."</p> <p>On August 1, 2022 at 1:29 PM, V2 (DON-Director of Nursing) and V15 (Regional Nurse Consultant) said facility staff should be following physician orders for tube feedings and water flushes. V2 said she thought there was a grace period where nursing staff could go back and fill in blank spaces on the MARs (Medication Administration Records) and TARS (Treatment Administration Records) if facility staff forgot to document they gave a medication, tube feeding or water flush. V2 could not say what the facility policy shows or how long of a grace period facility staff should be allowed to go without documenting if physician orders were carried out. V15 countered V2's statement and said facility staff should be documenting the administration of tube feedings and water flushes as they are given.</p> <p>The facility's policy entitled Tube Feeding,</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009930	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BRIA OF WESTMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 SOUTH CASS WESTMONT, IL 60559
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 20</p> <p>reviewed on "9/2021" shows: "Guideline: 1. Continuous tube feedings are based upon 22-hour consumption period or other time frame based on individual resident need per Registered Dietitian assessment and delivered over a 24-hour period. 2. Tube feedings are documented on the MAR and intake record. ..6. The Health Care Provider should be notified if tube feeding amount not infused as ordered. ...9. Any tube feeding orders will include the formula, rate, time period, deliver method and flush. Feeding Pump: ...4. Check residuals as ordered and alert Health Care Provider if there is more than 100 cc (cubic centimeters) or other order. 5. Pump should be cleared at the end of each shift. 6. Document tube feeding delivered. 7. Alert Health Care Provider of any issues or concerns."</p> <p>The facility's policy entitled Indwelling Catheter Care, with a revision date of "3/2022" shows: "Policy: Daily and PRN (As Needed) catheter care will be done to promote comfort and cleanliness. Procedure: ...11. Cleanse area of catheter insertion site, using soap and water or pre-moistened wipes. Being careful not to pull on catheter or advance further into urethra. 12. Wash catheter itself by holding on to catheter at insertion site, wash with one stroke downward, using same procedure for rinsing. ...16. Catheter bag to be emptied at the end of every shift, and PRN. Make sure to record output."</p> <p>The facility's policy entitled "Skin Management: Pressure Injury Treatment/General Wound Treatment" reviewed on "1/2022" shows: "General: The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. However, the facility</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF WESTMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6501 SOUTH CASS WESTMONT, IL 60559</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 21</p> <p>recognizes that the selection of treatment protocols is individualized based on the resident condition and Health Care Provider practice patterns. Therefore, these are only guidelines and not all-inclusive. An order is required for all treatment orders. General Guidelines: Nutrition: dietary evaluation, monitor food intake, monitor fluid intake, provide protein supplements, provide vitamins as ordered, provide wound healing supplements as ordered, offer substitutes to meals, assist with feeding. General Treatment Guidelines: 1. Review the physicians order in the EHR (Electronic Health Record) and place all necessary supplies in treatment cart. 6. Perform the treatment as ordered using proper techniques of infection prevention and control. 7. When treatments are completed, discard disposables and return reusable items to proper locations. 8. Document routine and PRN treatments in the treatment administration record of the EHR. Document all significant observations in the Nursing Progress Note."</p> <p>(A)</p>	S9999		