

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050120		(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, Illinois, 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) COMPLETION DATE	
S0000	Initial Comments		S0000			01/29/2026	
	Complaint Investigation: 2670434/2713859						
S9999	Final Observations		S9999			01/29/2026	
	Statement of Licensure Violations:						
	300.610a)						
	300.1010h)						
	300.1010i)						
	300.1210b)						
	300.1210d)3)6)						
	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 300.1010 Medical Care Policies						
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.						
	i) At the time of an accident or injury, immediate						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 treatment shall be provided by personnel trained in first aid procedures. 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 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met as evidenced by: 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, failed to ensure prompt emergency care was provided for a resident with a confirmed fracture, and failed to ensure the safety of a resident during a shower. This applies to 1 of 3 residents (R3) reviewed for change of condition and accidents in the sample of 13. This failure resulted in R3 experiencing a fall from the shower chair and 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. R3 was admitted to the acute care hospital on 12/1/25 for surgical intervention and remained hospitalized until 12/4/25. The findings include:			S9999			

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S9999	Continued from page 2 R3's face sheet showed she was admitted to the facility on 5/20/2013 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 12/7/25 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 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 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..."		S9999				

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S9999	Continued from page 3 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 views" R3'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 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 humorous 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 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,		S9999				

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S9999	Continued from page 4 "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 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 69-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			S9999			

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S9999	Continued from page 5 medication), Tylenol, morphine prn (as needed) ..." 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. 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 1/25/26 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			S9999			

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S9999	Continued from page 6 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 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..."			S9999			

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S9999	Continued from page 7 The facility's Nursing and CNA schedule with assignments showed V15 CNA was assigned to R3 for the day shift from 7:00 AM to 3:15 PM on 11/29/25 (the day after her fall). 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. On 1/27/26 at 8:45 AM, V15 said, "On that day, [R3] was a little down that she fell, and she hurt her leg pretty bad, she was down about that. She seemed a little concerned about hurting her leg and if she would be able to go back the way she was. She was worried about what they were going to do about it but at this time she didn't know if she would need surgery or not. I saw her leg, it was swollen around the knee and looked like it really hurt. She told me it hurt to touch..." On 1/27/26 at 4:40 PM, V2 DON (Director of Nursing) said, "I was notified of 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 Xray's. It said there was a fracture. I believe I spoke to [R3] on Monday because she didn't want to increase her pain medicine, but she wanted to know what the next plan for the fracture was, so I called [V20 (R3's Primary Care Physician)] and asked him what the plan was for the patient's leg. He asked what does she want to do? So, I asked [R3] if she wants to go to the hospital to see what the plan is for the leg. She said yes, so we got the order for her to go to emergency room... Talking to the doctor, the doctor wanted to know what she wanted to do because she wanted to go back to using the sit-to-stand. We had to be careful and use a Hoyer lift because of the fracture. Monday was the first time I spoke with [V20] about the fracture. I think the nurse's note that said "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" was a misunderstanding because it is a reportable to Public Health that was what to compare. I would have expected her to notify the physician with the results of the Xray. My expectation is a standard head to toe assessment, neuro checks if needed, and pain assessments. If any change is noted on those assessments, they must let the doctor			S9999			

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S9999	Continued from page 8 know ... if a patient is not comfortable or not happy also, they should notify the doctor. They should notify the doctor for increased swelling and pain with manipulation that cannot be controlled... They are supposed to notify by phone, or they can use telehealth. I would expect them to document that they notified the physician in the resident's records. On 1/27/26 at 6:31 PM, V20 (R3's Primary Care Physician) said, "I think the day of her admission to the hospital (12/1/25) the DON called me and told me the Xray was showing the fracture. She started having pain the day she had the fall. As soon as they called me and told me she had the fracture, I advised they send her to the hospital. I would absolutely expect to be notified of Xray results showing a fracture. I would have advised them to send her to the hospital on Friday." The facility's policy and procedure with review date of 09/2025 showed, "Change in Resident Condition... General: It is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician, and resident's responsible party of a change in condition... Nursing will notify the resident's physician or nurse practitioner when: a. The resident is involved in an accident or incident. B. There is a significant change in the resident's physical, mental, or emotional status... Once the physician or nurse practitioner has been notified and a plan developed, the nursing r social service staff will alert the resident and family of the issue and any physician's orders... Communication with the resident and their responsible party well as the physician will be documented in the resident's medical record or other appropriate documents..." 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..." (A)			S9999			