

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
---	---

(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 Incident Investigation Survey to Incident of October 26, 2021/IL139636	S 000		
S9999	Final Observations Incident Investigation Survey to Incident of October 26, 2021/IL139636 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.3240e) 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. 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.	S9999		

Attachment A
Statement of Licensure Violations

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: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
---	---

(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>Section 300.3240 Abuse and Neglect e)When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was free from sexual abuse (R1) and failed to ensure the perpetrator (R2) of the sexual abuse did not have access to other residents (R6). This applies to 2 of 6 residents (R1, R6) reviewed for abuse in the sample of 6.</p> <p>The findings include:</p> <p>1. The facility's Preliminary Investigation Report dated October 26, 2021 showed at 6:00 PM (on 10/26/21), R1 called the local police alleging R2 sexually assaulted him around 2:00 AM on October 26, 2021.</p> <p>R1's resident assessment dated October 18, 2021 showed R1 was cognitively intact. R1's Admission Record dated November 2, 2019 showed R1 had a diagnosis of dementia. R1's Progress Note dated October 26, 2021 showed R1 told facility staff he was sexually abused by R2 "around 2 am" on October 26, 2021.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
---	---

(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>On October 28, 2021 at 9:30 AM, R1 stated, "I called the police. (R2) sexually assaulted me. It was not consensual. I woke up about 3:15 AM that morning (10/26/21) and (R2) had his hands on my penis ... I told him to knock it off..."</p> <p>R2's resident assessment dated September 28, 2021 showed R2 was mildly cognitively impaired but able to make his needs known. R2's Admission Record dated March 11, 2020 showed R2 had a diagnosis of dementia. R2's Progress Note dated October 26, 2021 showed facility staff asked R2 about the incident with R1. The note showed, "(R2) said his roommate (R1) was masturbating around 2 am and (R2) felt his roommate was having a hard time doing it and he needed help, so (R2) helped his roommate do it..."</p> <p>On October 28, 2021 at 12:05 PM, R2 stated, "Yea, I helped (R1) masturbate that night (10/26/21). It was the middle of the night. I looked over at (R1) and I could tell he was masturbating. He kept doing it and looked like he was having a hard time so I offered to help. I thought he said yes. I went over to his bed and used my hand to help him out. Yes, I touched his penis..."</p> <p>On October 28, 2021 at 11:35 AM, V10 Registered Nurse (RN) stated she was caring for R1 and R2 on October 26, 2021. V10 stated, "Around 6:00 PM that night, the police showed up and asked to speak with (R1). That was the first I had heard of the sexual abuse allegation... I talked to both (R1) and (R2) that night... (R1) told me he was abused by (R2)... (R2) told me helped (R1) masturbate because (R1) was having a hard time doing it...I reported all of this to my supervisor..."</p> <p>On October 28, 2021 at 12:33 PM, V1</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
---	---

(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>Administrator stated, "I am the abuse coordinator...The abuse investigation involving (R1 and R2) is still ongoing... I have not interviewed (R2) or (V10 RN) yet about the incident on October 26, 2021..." V1 stated he was aware R1 had called the police and made an allegation of sexual abuse against R2 but that no facility staff had reported to him that R2 admitted to helping R1 masturbate.</p> <p>2. R2's Room Transfer form dated October 27, 2021 showed R2 was transferred into resident room with R6. The facility's Daily Census report dated October 28, 2021 showed R2 resided in bed A and R6 resided in bed B.</p> <p>On October 28, 2021 at 9:10 AM, the door to R2 and R6's room was closed. Their room was located at the end of the second floor hallway. This surveyor knocked on the door and entered the room. R2 was seated on his bed, eating breakfast. R6 was lying in bed, directly next to R2. R6 stated, "I got a new roommate. He (R2) moved in yesterday." R2 then got up from his bed and walked into the bathroom to brush his teeth.</p> <p>On October 28, 2021 at 9:50 AM, when V1 Administrator was asked why R2 currently had a roommate, V1 stated, "I don't know. He was moved into that room yesterday with (R6). I will have to find out... He (R2) shouldn't have had a roommate. The abuse investigation isn't complete. He should be supervised or in a private room."</p> <p>On October 28, 2021 at 10:20 AM, V3 RN stated, "If a resident is accused of abusing another resident, the accused resident should not have a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
--	---

(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>roommate to make sure that resident doesn't hurt someone else. They should be separated at least until the abuse investigation is done." On October 28, 2021 at 10:20 AM, V12 RN stated, "If a sexual abuse allegation is made against a staff member, they are suspended until the investigation is complete. If the allegation is resident to resident, the accused resident is put in a private room and is watched closely..." On October 28, 2021 at 10:30 AM, V4 RN stated, "To make sure the residents are safe, if a resident did abuse another resident, the accused resident needs to be separated and in a room by themselves." On October 28, 2021 at 11:30 AM, V7 Memory Care Manager stated, "I don't know why (R2) is in a room with a roommate."</p> <p>On November 1, 2021 at 9:15 AM, V14 Physician stated she was R1's primary care physician. V14 stated, "(R1) has dementia and psychiatric behaviors ...If there is an allegation of abuse, the residents need to be separated and examined by physicians. The accused resident, the perpetrator, needs to be supervised by staff and placed in a private room, while in the facility, until the abuse investigation can be done. The problem is that with residents that have dementia, they can develop hypersexual behaviors. If the accused resident has dementia, he may need to be in a private room for a few months to make sure he is not developing hypersexual behaviors. I told the facility this. Because of (R1's) and (R2's) dementia and their risk for developing hypersexual behaviors, (R1) and (R2) both need to be supervised for a while, to protect the residents and staff as well."</p> <p>The facility's Abuse and Neglect Policy dated May 21, 2021 showed, "It is the policy of the facility to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/02/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
---	---

(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>provided professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations...Sexual abuse includes but is not limited to harassment, coercion, disparaging remarks or sexual assault...Sexual abuse also includes non-consensual sexual relationship between residents..." The policy also showed, "If abuse/neglect is suspected the facility will: 1. Take immediate steps to assure the protection of the resident(s). This may involve separation from the alleged abuser and/or provision of medical care..." The policy showed the facility will have procedures to "protect residents from physical and psychosocial harm during the investigation..."</p> <p>(B)</p>	S9999		
-------	--	-------	--	--