

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525
---	--

(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		
S9999	<p>Annual Licensure and Certification Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.3240a) 300.3240c)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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: IL6013361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525
---	--

(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>care needs of the resident.</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>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the Department. (Section 3-610(a) of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that residents were free from mental abuse and failed to protect vulnerable residents from abuse. These failures affect 1 out of 1 resident (R277) reviewed for abuse in a sample size of 19. This failure resulted in R1 feeling embarrassed and violated about being seen on live video during personal care and felt threatened when the agency aide returned to the facility days later.</p> <p>Findings include:</p> <p>On November 2, 2021 at 12:05 PM, R277 was observed lying in bed in her room. She had a cast on her right arm and dressing on her right leg. R277 said she was in a car accident and both her legs and her right wrist were broken. R277 said on October 25, 2021 around 3:45 PM, (V11) an agency CNA (Certified Nurse Aide) came into her room to assist her with toileting. R277 noticed that V11 had an earpiece on and was talking on the phone. While V11 was assisting R277 on the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525
---	--

(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>bedpan, V11 placed her phone down beside R277, and R277 saw a man on the phone. R277 realized that V11 was on Face Time (video call). R277 said she felt embarrassed because if she was able to see the man on the V11's phone, then he would also have seen her while V11 was assisting her with toileting. R277 said she reported the incident to V3 (Restorative Director) immediately. R277 was informed by V1 (Administrator) that V11 would no longer work at the facility. R277 said that on October 27, 2021, the same agency CNA (V11) came to her room around 7:30 AM. V11 did not speak to R277; all V11 did was look at R277 and then left her room. R277 said she felt threatened because there was no way for her to protect herself due to her injuries from the car accident. R277 said once V11 left her room, she informed V1 (Administrator). V11 was sent home immediately. R277 said the whole incident was embarrassing and she felt violated.</p> <p>R277's Face Sheet shows multiple diagnoses which included displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing, acute post hemorrhagic anemia, difficulty walking, unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing, unspecified fracture of lower end of right ulna, subsequent encounter for closed fracture with routine healing, unspecified fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing.</p> <p>R277's MDS (Minimum Data Set) dated October 27, 2021 shows R277's BIMS (Brief Interview for Mental Status) score of 15, which indicates her cognition is intact, and R277 requires extensive 2</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525
---	--

(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>person assist with transfers and 1 person assist with personal hygiene.</p> <p>On November 2, 2021 at 1:30 PM, V1 (Administrator) said R277 informed her on October 25, 2021 that while an agency CNA (V11) was toileting her, V11 was talking on the phone and when V11 placed her phone down, R277 realized V11 was on Face Time because she saw a man's face on V11's phone. V1 said R277 was not sure of what the man saw. V1 contacted V11's agency after the incident occurred and told the agency that V11 could not return to the facility. V11 was placed on the "Do Not Return" list. V1 said R277 informed her that V11 came into her room on October 27, 2021. V11 was sent home immediately after that. V1 said she was not sure why V11 returned to the facility after the first incident. V1 said she felt the incident was a privacy concern and not an abuse concern, and she did not report the incident to the state agency. V1 said she did not ask R277 how she felt about the incident that occurred. V1 said she completed a grievance form in regard to the incident. V1 said she is the abuse coordinator.</p> <p>On November 2, 2021 at 3:00 PM, V3 (Restorative Director) said at the beginning of last week, R277 reported to her that while she was being toileted by an agency CNA (V11), V11 was on the phone, and when V11 placed her phone down, R277 saw that V11 was on Face Time, because she saw a man on V11's phone and he may have seen her while she was being toileted. V3 said R277 said she was in disbelief about the incident. V3 said she reported the incident to V1 (Administrator); V1 is the abuse coordinator. V1 told her that she would take care of it.</p> <p>The Grievance and Satisfaction Form completed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER BELLA TERRA LAGRANGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525		
(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>on October 26, 2021 at 8:00 AM showed that "R277 reported to V1 that on October 25, 2021 during the 3-11 shift, an agency CNA (V11) was on the phone while providing care, it looked like Face Time, but R277 was not sure."</p> <p>The facility's 2021 policy titled Abuse and Neglect shows, "Mental abuse includes but is not limited to humiliation, harassment, threat of bodily harm, punishment, isolation (involuntary, imposed seclusion) or deprivation to provoke fear of shame. Mental abuse includes nursing home staff or using photographs or video recordings in any manner that would demean or humiliate a resident(s). This would include using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media."</p> <p>(B)</p>	S9999		