

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER <b>BELLA TERRA BLOOMINGDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108</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  Complaint Investigation 2375548/IL161711	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)3)  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	S9999		
			<b>Attachment A 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:  <b>IL6011993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA BLOOMINGDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108</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 1</p> <p>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.</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 care needs of the resident.</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>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.</p> <p>These Requirements Were Not Met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BELLA TERRA BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
--	--

(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>failed to thoroughly assess and consistently monitor pain for a resident (R1) who was cognitively impaired and had verbalized had a recent fall incident. The facility also failed to follow physician order for pain medication administration and failed to notify the physician of severe pain.</p> <p>This failure resulted in R1 waiting more than 24 hours experiencing pain and a delay in treatment for the right hip fracture.</p> <p>This applies to 1 of 3 residents (R1) reviewed for injuries of unknown origin.</p> <p>The findings include:</p> <p>The EHR (Electronic Health Record) shows R1 was admitted to the facility on 04/15/2023 at 2:20 P.M. R1 came from another facility. R1's diagnoses include NPH (Normal Pressure Hydrocephalus), with s/p (status post insertion of VP shunt (Ventricular-Peritoneal), UTI (urinary tract infection), diabetes mellitus type 2, adjustment disorder, anxiety, syncope, collapse, and ataxia. The EHR also showed that R1 was sent to the hospital on 4/16/2023 at 2:52 P.M. for further evaluation and treatment due to pain to hips and knees. R1 was admitted to the hospital with right hip fracture.</p> <p>The facility's incident report dated 4/16/2023 shows that on 4/15/2023, upon admission, R1 was alert and oriented with bouts of confusion and forgetfulness. The report showed that V11(R1's spouse) informed V3 (Licensed Practical Nurse) that R1 fell 2 days ago at previous nursing facility. V11 stated that V3 was told that the previous facility was unaware of the fall. The report also shows that R1 had complained of pain to the left rib cage area. A</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BELLA TERRA BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
--	--

(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>portable X-ray to the left rib cage was done at the facility on 4/15/2023 with result of negative for fracture. The incident report also showed that on 04/16/2023, R1 was sent to the hospital due to pain to his hips and knees and was admitted with right hip fracture.</p> <p>The left rib cage X-ray report showed it was done on 4/16/2023 at 12:00 MN and the report was reported to the facility on 6:48 A.M.</p> <p>R1 continued to verbalize pain, yet the EHR shows that there was no assessment to determine cause of continued pain. The progress notes for the night shift show no entries documenting R1's condition and assessment of pain.</p> <p>R1's progress notes document:</p> <p>-4/15/2023 documented at 4:42 P.M. by V3 shows that "R1 admitted to facility. Upon assessment resident reported to his family (V11) that he fell at (previous nursing facility) but did not report it to the staff. R1 reported right rib pain. Family would like X-ray. Writer called (Attending Physician) requesting an order for an Xray. Waiting for orders."</p> <p>-4/15/2023 documented at 8:23 P.M. by V4 (Licensed Practical Nurse/LPN) shows that "(R1) admitted ..., alert and oriented x 1-2 with bouts of confusion and forgetfulness. Resident told the spouse at bedside who reported to this nurse that he fell at (previous nursing facility) 2 days ago and did not tell the staff and now is c/o left rib pain. This writer assessed resident, upon touching the left rib cage, resident grimaced of pain. (Attending Physician) was paged, received call back ...with an order for X-Ray of left rib</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BELLA TERRA BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
--	--

(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 cage."</p> <p>-4/16/2023 documented at 11:51 A.M. by V5 (Registered Nurse/RN) shows that "Results: Left Ribs, Unilateral 2 Views; Relayed Results to (Attending Physician); Follow up: R hip X-ray due to complaints of pain."</p> <p>-4/16/2023 documented at 1:31 P.M. by V5 shows that: "(R1) alert responsive, forgetful, and confused. (R1) is not on any form of distress, complains of pain to Left leg. (R1) is inconsistent with pain site. At times he points to hip area, and sometimes to above the knee. No redness, no swelling, no bruising noted. Per wife, resident fell about 3,4 days ago at (previous facility) X-Ray relayed to MD with no findings and (V11) was updated. New orders for X-ray of R hip and R leg due to pain. (V11) refuses to wait for X-ray to be done at the facility as explained by this writer. (V11) insists that she wants (R1) resident to be sent out to the ER for X-ray .... (Attending Physician) is made aware that (R1) is being transferred to ER (Emergency Room) at (hospital) per (V11's) request ...."</p> <p>-4/16/2023 documented at 2:12 P.M. by V5 that: "(R1) is being sent out to (hospital) per family request. (V11) at bedside and refusing to wait for X-ray be done at the facility. (V11) expressed that she does not trust portable X-ray results and wants (R1) to go out to ER. (R1) continues to be inconsistent with pain site, at times points to R hip, then R knee, and then at times he starts pointing at opposite extremity."</p> <p>-4/16/2023 documented at 2:51 P.M., by V5 shows: "(R1) left the facility via stretcher at 2:52 P.M. Wife left with resident."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA BLOOMINGDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108</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>-4/16/2023 documented at 8:43 P.M. by V4 shows that "This writer called (hospital) ER for an update. Report received that (R1) is admitted with closed right hip fracture."</p> <p>The facility Admission Evaluation notes dated 4/15/2023 shows that R1 had verbalized pain at a numeric scale rate of 6/10, which indicated a moderate pain (numerate rating scale as 0/10 for no pain; 1-3/10 for mild pain; 4-6/10 for moderate pain; 7-9/10 for severe pain and 10/10 as excruciating pain). However, the same pain evaluation shows that R1 had verbalized that he was on "severe pain." The pain was also described as "on and off pain."</p> <p>The Physician Order Sheet (POS) for the month of April 2023 shows a physician order dated 4/15/2023 for "Tylenol 325 mg. 2 tabs every 6 hours as needed for mild pain; Seroquel 1 tablet every 24 hours as needed for agitation for 14 days, monitor pain every shift."</p> <p>The EMAR (Electronic Medical Administration Record) for the month of April 2023 shows that on the evening shift of 4/15/2023 (time unspecified), R1 had a pain of 4/10. The EMAR shows that Tylenol was not administered as ordered. Furthermore, when the Admission Evaluation was done dated 4/15/2023, R1 verbalized that he has a "severe pain." There was no documentation that shows a physician was notified for R1's severe pain.</p> <p>The EHR that included the progress notes, assessments, and EMAR for month of April 2023 shows that R1 was not consistently monitored for pain to determine its cause and location. The EMAR shows there was only one documented entry that R1's pain complaint with mild pain on</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA BLOOMINGDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108</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 6 4/15/2023.</p> <p>On 7/13/2023 at intermittent times from 11:39 A.M. through 2:40 P.M., staff that took care of R1 were interviewed: V3 (Admitting nurse for R1) was interviewed on 7/13/2023 at 11:39AM said that she just did not assess R1 upon admission. V3 added that R1 had verbalized generalized pain but mostly pointing to the left rib cage area. V3 said she just listened of what R1, and spouse told her and failed to conduct a head-to-toe assessment on R1.</p> <p>On 7/13/2023 at 2:40 P.M., V4 (LPN/took care of R1 for 3-11 P.M. shift of 4/11/2023) said that she did not do head-to-toe assessment on R1 to determine possible site of pain. V4 said that R1 and V11 said that R1 has pain all over his body.</p> <p>On 7/13/2023 at 2:13 P.M., V5(RN-Registered Nurse) said that V11 was upset because R1 was in pain from the time of admission and up to the time when she visited around afternoon of 4/16/2023. V5 also said that there was no way that V11 would wait for portable x-ray and insisted for R1 be sent to the hospital for immediate evaluation and determine what was causing R1's pain.</p> <p>On 7/13/2023 at 2:33 P.M., V8 (CNA/Certified Nurse Aide) said that R1 was in constant pain and complained of body pain throughout the time he was on duty. V8 said he had informed the assigned nurse (V10/LPN).</p> <p>Review of the EMR documented no pain assessment or evaluation for R1 during the night shift. This was verified by V2 (Director of Nursing/DON) on 7/23/2023. V2 also stated that</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA BLOOMINGDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108</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>there was no comprehensive assessment done during the time R1 was at the facility. V2 also stated that thorough assessment should be done upon admission and for three consecutive days/every shift post-admission. V2 explained that pain assessment should be done every shift and as needed to determine pain management was effective. V2 had also verified that R1 was assessed with pain the evening of 4/15/2023, and pain level was 4/10 (mild pain) and was not medicated with Tylenol as ordered. V2 also said that after R1 was assessed with 4/10, time not indicated when it was done, there was no follow up with pain assessment after that. V2 also said that the Admission Evaluation assessment dated 4/15/2023 showed that R1 had verbalized "severe pain." V2 said there was no follow up with physician for a stronger pain medication since there was only one order for pain, which was the Tylenol for mild pain.</p> <p>On 7/13/2023 at 9:11 A.M., V11 said that R1 was complaining of pain and having changes in behavior such as clinching, grabbing to rails, and holding bars upon R1's admission to the facility. V11 also stated that if she did not insist on sending R1 to the hospital, R1 would have to wait for portable X-ray again. V11 added that R1 had already waited long enough since the day he arrives at the facility. V11 added that R1 had hip surgery because of the fracture to the right hip and was done the same day he was admitted to the hospital."</p> <p>The facility's policy for admission, dated 7/27/2022, shows the policy was to ensure the facility complies with federal regulations in terms of admission and readmission of resident. The facility also shows to "Assess the resident..."</p>	S9999		
-------	---	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/15/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BELLA TERRA BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
--	--

(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>The facility's pain policy dated 7/28/2023 shows "It is the policy of the facility that all residents as assessed for pain in every situation where there is potential for pain. For pain complaints and for situations/incidents that might result to pain (fall incident, altercation, cuts, bruises, wound care etc.), the nursing staff may document it in any part of the resident's medical records that includes Nurses Notes, Incident Report, and Medication Administration Record ..." The policy also shows that the nurse should assess the resident for pain, and when pain was identified, to call physician for pain order, administer medication and reassess for effectiveness and call physician for lack for relief.</p> <p>On 7/13/2023 at 12:31 P.M., V7 (Nurse Practitioner for V12, R1's Attending Physician) said that as a "clinician, the acceptable standard of practice was to assess the resident comprehensively and thoroughly upon admission and when there was identified pain. If a resident was confused, then the more, we must do thorough assessment from head-to-toe including touching/palpate parts of the body to identify any injury, such as fracture. A resident that is confused and had verbalized pain might be displacing pain so a head-to-toe thorough assessment is a must. When palpated, the confused resident will show grimaces, might even jump from pain. Also, must check for any limitation with range of motion to see misalignment of limbs such as rotation or shortening. The pain assessment should be continued to be monitored, as this is an indication that something was going on. It was also expected that facility should have called when the pain was described as severe when Tylenol was only ordered for mild pain, then a stronger pain medication, maybe Tramadol could have been</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/15/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BELLA TERRA BLOOMINGDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
--	--

(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	Continued From page 9  ordered. We only order what the nurse had relayed to us, if the assessment was done thoroughly, the nurse would have seen sign of fracture/injury/abnormality and the resident would have been sent to the hospital sooner for further evaluation and treatment, such as imaging or surgical intervention as appropriate."  ( B )	S9999		
-------	--	-------	--	--