

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA MORTON GROVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8425 WAUKEGAN ROAD MORTON GROVE, IL 60053</b>
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S 000	Initial Comments  Annual Certification and Licensure 2392341/IL157798 2392025 /IL157367 Facility reported Incident of 2/14/23/IL157968 Facility reported Incident of 3/3/23/IL157586	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2 Licensure Violations:  300.510e) 300.610a) 300.680a) 300.680c) 300.682a)1)2)3)4) 300.682b) 300.682e) 300.682f)1)2)3)4)5) 300.1210b) 300.1210d)6) 300.1220b)1)2) 300.3240a)  Section 300.510 Administrator  e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities.  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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 300.680 Restraints</p> <p>a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.</p> <p>c) Physical restraints shall not be used on a resident for the purpose of discipline or</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>convenience.</p> <p>Section 300.682 Nonemergency Use of Physical Restraints</p> <p>a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:</p> <ol style="list-style-type: none"> <li>1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;</li> <li>2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being;</li> <li>3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and</li> <li>4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act)</li> </ol> <p>b) A physical restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106(c) of the Act) Informed consent</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.</p> <p>e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) Act)</p> <p>f) Whenever a period of use of a physical restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the physical restraint. A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the physical restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the physical restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted. (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information in writing to the Guardianship and Advocacy Commission:</p> <p>1) the reason the physical restraint was needed;</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>2) the type of physical restraint that was used;</p> <p>3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;</p> <p>4) the length of time the physical restraint was to be applied; and</p> <p>5) the name and title of the facility person who should be contacted for further information.</p> <p>300.1210 Section 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>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.</p> <p>Section 300.1220 Supervision of Nursing</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>1) Assigning and directing the activities of nursing service personnel.</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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 regulations were not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to follow its policy in using restraints and failed to prevent a physical restraint from being used for staff convenience for one resident (R140) in the sample of 31 residents reviewed for restraints. These failures resulted in psychosocial harm in that, a reasonable person would react to such physical restraint with feelings of agitation, anxiety, frustration, fearfulness, humiliation, and punishment.</p> <p>Findings include:</p> <p>On 3/28/23 at 4:43pm, Observed R140 sitting on chair with walker in front of her. The frame of the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>walker is tied together with the arm rest of the chair extending around the back of the chair with plastic rope. Call light is not within reach. Called V17 Agency CNA assigned to her. V17 said that she tied R140 to her walker and chair to prevent her from getting out of chair and to prevent falling. She cannot watch her because she has to give a shower to another resident. V17 added that R140's family requested it and has been doing it to prevent her from falling if no one can watch her.</p> <p>On 3/28/23 at 4:48pm, Called V18 Agency Nurse and showed observation made. V18 said that she is not aware of restraining R140 to her chair and walker with rope. She said, "this is a restraint, this is not right and not acceptable". V18 called V3 DON and V5 Fall coordinator.</p> <p>On 3/28/23 at 4:52pm, Showed observation made to R140 to V3 DON and V5 Fall Coordinator. V3 and V5 said that they are not aware that R140 is being restrained to chair and walker. Both said that they don't allow restraints in the facility. Both said that V15 Family member did not to talk to them about wanting R140 to be restrained.</p> <p>On 3/29/23 at 12:40pm, V15 Family member said that no one called her to explain what new fall prevention interventions were implemented for R140 to prevent her from falling again.</p> <p>Review of R140's medical records did not indicate that V15 requested R140 to be restrained.</p> <p>Facility's policy on Restraints indicates: It is the facility's policy to ensure that each resident is not restrained for the purposes of discipline or convenience. The facility will utilize</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>non-restraining interventions first before trying to restrain -type devices which will be considered as last resort. Physical restraint is defined as any manual method, physical or mechanical device equipment or material that meets all the following criteria:</p> <ul style="list-style-type: none"> <li>a. attached or adjacent to the resident's body</li> <li>b. that the individual cannot intentionally remove easily and</li> <li>c. restricts freedom of movement or normal access to one's body.</li> </ul> <p>(B)</p> <p>2 of 2 Licensure Violations:</p> <p>300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.1220b)3)</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>	S9999		



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S9999	<p>Continued From page 8</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>	S9999		

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S9999	<p>Continued From page 9</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These Regulations were not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to follow facility policy and failed to provide adequate supervision to residents who are at high risk for fall and has history of falls. This failure caused one resident ( R117) to be hospitalized for surgery due to a fracture. The facility also failed to implement fall preventive intervention care plan. This deficiency affects 2 (R48, R117) residents in a sample of 31 reviewed for Fall prevent management.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Findings include:</p> <p>1. On 3/28/23 at 4:59pm, R117 was lying in bed moaning and restless.</p> <p>R117 is admitted on 10/25/20 with diagnosis list in part but not limited to Aftercare following joint replacement surgery, Displaced fracture of base of neck of right femur, Alzheimer's disease, Epilepsy and epileptic syndromes with complex partial seizures, Parkinson's disease, Neurocognitive disorder with Levy bodies, old myocardial infarction. The Fall Assessment dated 9/13/22 indicated he is at high risk for fall. Care plan indicated he is at high risk for falls related to Alzheimer's disease, cognitive impairment, fatigue, weakness, seizures disorder, use of hypnotics, non-compliant with using his walker when ambulating, history of falls and recent falls. He has impaired cognitive function due to dementia. He has ADL self-care performance deficit. Intervention: Transfer- requires staff supervision to limited x 1 staff. There were no interventions in place for ambulation/locomotion in care plan. R117's MDS quarterly assessment dated 2/15/23 indicated that he needs limited assistance in transfers, supervision in walking in the room and locomotion on the unit.</p> <p>R117's Incident Report documents that the resident had an unwitnessed fall on 9/13/22 where the resident was found lying on the floor in the hallway, and a witnessed fall on 3/3/23 where the resident tripped in the dining room and hit his head on the door. R117 was sent to the hospital and admitted with minimally displaced and angulated right femoral neck fracture. A post fall investigation was done and indicated R117 needs supervision from staff when ambulating due to an unsteady gait and muscle weakness. The care</p>	S9999		

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MORTON GROVE, IL 60053**

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S9999	<p>Continued From page 12</p> <p>mat found. V5 said that she should have a non-skid mat in place as part of the fall prevention interventions.</p> <p>On 3/29/23 at 4:10pm, R48 was observed sleeping in bed with a folded floor mat on the side of the dresser. The bed is not in the lowest position. The bed is pushed against the wall. Called V7 Restorative Nurse and V23 RN was standing outside R48's room and was shown the observations made. Both staff members said that R48's bed should be in the lowest position and the floor mat should be on the floor when the resident is in bed. V7 adjusted the bed to the lowest position and placed the floor mat on the right side of the bed.</p> <p>R48 is admitted on 12/9/21 with diagnosis listed in part but not limited to Parkinson's disease, Restlessness and agitation, Dementia, Depression, Anxiety, Wedge compression fracture of the second lumbar vertebrae. Fall assessment dated 7/29/22 indicated that she is at high risk for fall. Care plan indicated: She is at high risk for fall related to anxiety disorder, depression, Parkinson's disease and recent falls. A non-skid mat is to be added to her wheelchair to minimize her risk for sliding. She demonstrates cognitive impairment related to dementia and Parkinson's.</p> <p>R48's Incident Report documents unwitnessed falls where the resident slid from the wheelchair on 5/12/22 and 7/29/22, and a witnessed fall from the wheelchair on 3/23/23.</p> <p>On 3/29/23 at 10:30am, V30 CNA and V24 RN were interviewed and V30 said she was fixing the new low air loss (LAL) mattress that was placed on R48's bed when she slid from the wheelchair</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLA TERRA MORTON GROVE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8425 WAUKEGAN ROAD MORTON GROVE, IL 60053</b>		
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S9999	<p>Continued From page 13</p> <p>when trying to pick up something. V30 said that she landed on the folded mattress. Both V30 and V24 said that R48 is not using a floor mat brought by hospice care.</p> <p>On 3/29/23 at 2:31pm, R48's medical records were reviewed with V5 Fall Coordinator. V5 was informed of concerns of inadequate supervision related to falls. On fall incident dated 5/12/22, the care plan was updated but not based on the root cause analysis of the fall. R48 slid from the wheelchair and forgot to unlock her wheelchair. V5 said that she was not the fall coordinator at the time of the incident. V5 said that she has not done the post fall investigation yet. V5 provided updated fall care plans for R48 pending completion of post fall investigation. New fall intervention implemented: Place the bed in the lowest position and floor mats.</p> <p>Facility's policy on Fall occurrence indicated: It is the policy of the facility to ensure that the resident are assessed for risk for falls, that interventions are put in place and interventions are re-evaluated and revised ad necessary. Procedure: 2. Those identified as high risk for falls will be provided fall interventions. 5. The Fall coordinator will review the incident report and may conduct her own fall investigation to determine the reasonable cause of fall. 6. The nurse may immediately start interventions to address falls in the unit, even prior to fall coordinator's investigation. 8. The fall coordinator will add the intervention in the resident's care plan. 10. The interventions will be re-evaluated and revised as necessary.</p>	S9999		

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S9999	Continued From page 14 (A)	S9999		