FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6011993 B. WING 02/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD **BELLA TERRA BLOOMINGDALE BLOOMINGDALE, IL 60108** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Investigation of Facility Reported Incident of January 31, 2023/IL156222 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.3240e) 300.3210t) 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 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

plan. Adequate and properly supervised nursing

TITLE

(X6) DATE

PRINTED: 03/14/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6011993 02/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD **BELLATERRA BLOOMINGDALE BLOOMINGDALE, IL 60108** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect e) Resident as perpetrator of abuse. 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements were Not Met as evidenced by: Based on interview and record review, the facility failed to protect a cognitively impaired resident from sexual abuse by another resident. This failure resulted in R8 experiencing sexual abuse at the facility when R9 provided a bed bath to R8, and R8 displaying psycho-social symptoms

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of emotional upset when discussing the incident. R8's medical diagnosis makes assessing the effects of sexual abuse difficult. A reasonable person would not want to be bathed by another

AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION S:	(X3) DATE S	
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\$9999	Opp Continued From page 2		S9999	0	3	
\$## =	facility resident.		OK.			
5	This applies to 1 or resident-to-resident	f 3 residents (R8) reviewed for it abuse in the sample of 9.		i sa g		
85.1	The findings includ	le:				
	The facility's Abuse February 6, 2023, sabuse occurred at 2023. The alleged resident), and the a (male resident). The 1/31/2023, V13 (R) that R9 was seen in was in her room to The EMR (Electron is a 60-year-old fen admitted to the faci multiple diagnoses, hemiparesis followileft non-dominant s depression, chronic	Report Final Form dated shows an allegation of sexual the facility on January 31, victim was R8 (female alleged perpetrator was R9 ie form continues to show, "On N-Registered Nurse) reported in R8's room and R9 stated he assist her with a bed bath." Ic Medical Record) shows R8 male resident. R8 was allety on July 1, 2022, with including hemiplegia and ing cerebral infarction affecting ide, hypertension, anemia, respiratory failure, and				
#: 12 (2)	15, 2022, shows Reimpairment, require facility staff membe assistance with bed surfaces, dressing, dependent on facilit unit, personal hygie incontinent of bowel continues to show Fin range of motion of extremities on one s	m Data Set), dated December B has severe cognitive is limited assistance by one r with eating, extensive mobility, transfers between and toilet use, and is totally y staff for locomotion off the ne, and bathing. R8 is always and bladder. R8's MDS R8 has a functional limitation of her upper and lower			260	é-

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decided to clean me up and it was my shower day. He gave me a new gown." R8 was tearful

while discussing the incident.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6011993 02/14/2023 -NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD **BELLATERRA BLOOMINGDALE BLOOMINGDALE, IL 60108** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On February 1, 2023, at 1:44 PM, R9 was sitting in his room. R9 said, "I proposed to the girl down the hall (R8) and gave her a ring. She complained she did not get a bath. I helped wash her up. She was wearing a hospital gown and had food all over her chest. I was able to get the food off. She wears an [incontinence brief] or pull-up type of underwear." On February 1, 2023, at 2:18 PM, V16 (Certified Nursing Assistant/CNA) said, "After dinner last night, R9 came to get me to tell me [R8] needed a clean brief. I noticed R8's hair was wet. She was lving in bed, covered by a blanket. I asked the other CNA (V15) if she gave R8 a bed bath. and she said no. I lifted the blanket off of R8 and she was completely naked underneath the blanket. No gown and no incontinence brief, and she was wet all over her body from head to toe. She had been washed everywhere. When I asked her why her hair was wet, she told me it was because the male resident had helped her with a bed bath." On February 1, 2023, at 4:02 PM, V1 (Administrator) said, "We will be doing the investigation for the abuse allegation from last night. I asked R8 who disrobed her, and she said she did that herself." On February 2, 2023, at 10:46 AM, V11 (SSD-Social Service Director) said. "I am currently working on finding placement for R9 at another facility. He said his daughter has a plane ticket for him to move to Massachusetts, and I sent two more referrals out there, but he is on the wait list. I was never aware he and R8 had a

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relationship. He never talked about it. He never requested to share a room with her. I have never

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6011993 B. WING 02/14/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD **BELLATERRA BLOOMINGDALE BLOOMINGDALE, IL 60108 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY**) S9999 Continued From page 5 S9999 seen him speak to other residents. He did not tell me he gave her a ring. He has never asked me to make plans to transfer his fiancé (R8) with him when he leaves the facility." On February 7, 2023, at 11:43 AM, V16 (CNA) said, "That night, just after dinner, R9 walked out of R8's room. R8 was wet everywhere. R8 said, "My husband gave me a bath." I was assigned to R8 that night. I worked from 3:00 PM to 7:00 AM the next morning. It was not her night to receive a shower. R8 cannot remove her own clothes or her incontinence brief by herself. Her left arm does not work, and her left leg does not work. She is not able to cover herself with a blanket. She is able to feed herself with her right hand, but she will make a mess. When I saw her naked and all wet in the bed, I asked her who gave her a bath, and she said R9 gave her a bath. R8 was wet on her breasts, her genital area, and from her head down to her toes. I never removed her clothes that evening, and I did not give her a bed bath. No one ever told me the two residents were married or engaged." On February 7, 2023, at 12:10 PM, V14 (RN) said, "I regularly care for R9. No one has ever told me he and R8 were engaged or married. That night (1/31/2023), he started saving that she was his wife and then later, he said she was his fiancé. I told him he was not allowed to go in

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other hallway."

R8's room. He said he was just trying to help her. and then he started swearing and went in the room and threw a garbage bag at a CNA in the

On February 7, 2023, at 12:20 PM, V13 (RN) said, "I was taking care of R8 that night (1/31/2023). The CNA came and told me the resident received a bed bath from a resident. I

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residents at the time."

On February 7, 2023, at 1:25 PM, R8 was lying in her bed. R8 had a brace on her left forearm. R8 said, "I had a stroke, and I am completely paralyzed on my left side." R8 was wearing a long-sleeved shirt and elastic waist pants. R8's shirt had a dried, white substance in the middle of her chest area. R8 said she spilled yogurt on her

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if there is capacity to give consent, consent obtained through intimidation, coercion, or fear is

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