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 IL6012553 04/24/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **675 SOUTH ROSELLE ROAD BELLA TERRA SCHAUMBURG** SCHAUMBURG, IL 60193 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint Investigation 2313168/IL158794 S9999 S9999 **Final Observations** Statement of Licensure Violations: 300.610a) 300.1210b) 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 300.1210 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 Attachment A care needs of the resident. Statement of Licensure Violations Section 300.1210 General Requirements for

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

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6012553 04/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **675 SOUTH ROSELLE ROAD BELLA TERRA SCHAUMBURG** SCHAUMBURG, IL 60193 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Nursing and Personal Care 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: 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. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure adequate pain management was provided for 1 of 5 residents (R2) reviewed for pain control in the sample of 5. This failure resulted in R2 experiencing unrelieved pain after a fracture. The findings include: On 4/24/23 at 9:52 AM, V2, Director of Nursing (DON), said R2 has a lot of pain due to advanced cancer. R2 had increasing pain on Saturday (4/15/23).On 4/24/23 at 12:21 PM, V9, Licensed Practical Nurse (LPN), said she was R2's nurse on the day shift (7 AM to 3:30 PM) on 4/15/23. V9 said R2 requested pain medication around 8:00 AM and she administered it. V9 said R2 has bone cancer and they have to be very careful with R2's care

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due to his cancer and chronic pain. V9 said around lunch, R2 still had pain. V9 said R2 had a BM and they were unable to clean his backside due to his pain. V9 said she told the evening shift Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BELLA TERRA SCHAUMBURG 675 SOUTH ROSELLE ROAD							
SCHAUMBURG, IL 60193							
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S9999	Continued From page 2		S9999	14 8	100		
x 6	nurse they were unpain not being relied around 8:00 AM and she called R2's door following day (4/16/her R2 had been in	able to change R2 due to his ved by the narcotics she gave d again around lunch. V9 said stor for an X-ray. V9 said the 23), the night shift nurse told too much pain during the in house x-ray results, so they	:0) Q			2	
	R2's nurse on the e PM) on 4/15/23. V1 in the left knee. V16 daughter and was t he was in too much contact R2's doctor said R2 told her he	PM, V16, LPN, said she was evening shift (3 PM to 11:30 6 said R2 complained of pain 5 said she spoke with R2's old not to change R2 because pain. V16 said she did not during her shift. V16 then was not in pain. On 4/15/23 at	13	59 10			
A	rated R2's pain a "0 gave R2 pain medic V16 said when she documents it on the Record (MAR). R2's for 4/1/23-4/30/23 (show any documen needed) Oxycodon	mented an eMAR note which of However, V16 said she cation around "9 something." gives pain medication, she e Medication Administration is MAR provided by the facility printed 4/24/23) does not tation of R2 receiving PRN (as e (narcotic pain medication) 15/23. There is no correlating		88 € 8			
	documentation in R why or when R2 ma medication while V nor was there docu	2's Progress Notes to explain ay have received pain 16 was his nurse on 4/15/23 mentation regarding R2's cted during that time.	Tis			e e	
=	(RN), said she was shift on 4/15/23 goi went to check on R pain and did not wa complained of pain	PM, V15, Registered Nurse R2's nurse during the night ng into 4/16/23. V15 said she 2 and R2 told her he was in int to be touched. V15 said R2 when they tried to change him 15 said she believes R2 had		e Sen			

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PRINTED: 05/18/2023 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: С B. WING IL6012553 04/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **675 SOUTH ROSELLE ROAD BELLA TERRA SCHAUMBURG** SCHAUMBURG, IL 60193 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 been rating his pain a 7 or 8 on a 0-10 scale. V15 said R2 was not comfortable. V15 said she did not administer any pain medications to R2. V15 said when pain medication is given, it is documented on the MAR. V15 said she contacted R2's doctor and was told to send him to the hospital because they could not control his pain. R2's Progress Notes written by V15 on 4/15/23 at 11:15 PM show V15 attempted to call R2's doctor and was waiting for a return call and R2 was refusing care due to pain of his left knee and left hip. V15 noted swelling to R2's left knee. V15's documentation on 4/16/23 at 2:15 AM in R2's General Progress Note shows V15 spoke to R2's doctor and received an order to send R2 to the hospital for further evaluation. R2 was sent to the hospital at 3:20 AM and at 2:16 AM R2 continued to complain of pain to his left leg. No other pain interventions were documented as being attempted. On 4/24/23 at 1:30 PM, V18, Emergency Medical Personnel (EMS), said he went to the facility on a 911 call and the nurse said R2 could not be moved due to being in so much pain. V18 said R2 was in a lot of pain and no one called EMS until 3 AM. V18 said they gave R2 pain medication in the ambulance. R2's Admission Record dated 4/24/23 shows R2's diagnoses include, but are not limited to, pathological fracture of the left femur, weakness,

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fatigue, reduced mobility, malignant neoplasm of the lung, pain in left hip, and malignant neoplasm of unspecified bones. R2's MAR shows he received Oxydocone on 4/15/23 at 8:20 AM and a last documented dose at 3:30 PM. On 4/15/23 at

medication was ineffective and rated R2's pain a

3:52 PM, V9 documented that R2's pain

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