STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	IL6011993		B. WING		04/26/2023	
	PROVIDER OR SUPPLIER FERRA BLOOMINGD	ALE 165 SOL		STATE, ZIP CODE NGDALE ROAD 60108		× *
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000	:	- SS	
	Annual Licensure	and Certification Survey	a 1	€ _{no}		
S9999	Final Observations Statement of Licensure Violations		S9999	**		
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2	300.610a)			2.		23
	300.1210b)			. 2		10
12	300.1210c) 300.1210d)6)		- W	W Est		a*
	300.12100/0/			i.		
		esident Care Policies		× 5.7	N	
	procedures govern facility. The written	have written policies and ning all services provided by the policies and procedures shall	2 (5)		, A	
1	Committee consist	Resident Care Policy ling of at least the advisory physician or the	74	A	W.	9 ₇₀
×	medical advisory c of nursing and other	ommittee, and representatives er services in the facility. The				
	The written policies	oly with the Act and this Part. s shall be followed in operating Il be reviewed at least annually		>	3	*
		documented by written, signed			111	2, 1
		General Requirements for national Care		27	=	
	Nursing and Personal Care b) The facility shall provide the necessary care			Attachment A Statement of Licensure Violation	s	
e# •		ain or maintain the highest al, mental, and psychological				

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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6011993 B. WING 04/26/2023 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. These requirements were Not Met as evidenced by: Based on observation, interview, and record review, the facility failed to safely transfer a resident in a mechanical lift, failed to safely reposition a resident in bed, and failed to safely position a resident in bed to prevent from sliding out of bed for two of 22 residents (R21, R6) reviewed for safety and supervision in the sample of 22. This failure resulted in R21 obtaining an extensive hematoma to her forehead. The findings include: 1. R21's Order Summary report dated 4/25/23 shows R21 was admitted to the facility on

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cerebral infarction, diabetes mellitus 2, aphasia, gastrostomy status, dysphagia, major depressive disorder, and contracture. R21's Care Plan initiated 9/13/22 shows R21 has an ADL (Activities of daily living) self-care performance deficit and impaired mobility related to stroke. Interventions initiated 9/13/22 shows R21 requires total assistance of two staff

10/22/19 with diagnoses including hemiplegia,

R21's MDS (Minimum Data Set) dated 2/9/23 shows R21 is not cognitively intact. R21 requires two-person physical assistance with bed mobility and transferring.

participation to reposition and turn in bed. R21 requires total assistance of two staff participation

The facility's Post Fall Investigation/RCA (Root Cause Analysis) Investigation report dated 2/12/23 shows "Root Cause analysis: Upon investigation, resident was transferred with one assist resulting resident (R21) to fall. Resident is a full body lift with transfer with a minimum 2 assist. Patient was sent to the (local hospital) via 911. Interventions to address incident: I would like staff to make sure that they transfer me at least 2 persons assist using full body lift properly for my safety."

R21's cat scan final report from the local hospital dated 2/11/23 shows, "There is a large frontal scalp hematoma measuring 1.4 cm in depth and up to 10 cm across."

On 4/24/23 at 2:07 PM, V33 (Fall Prevention) Nurse) said the agency CNA transferred the resident with one assist. R21 was a full body transfer (mechanical lift for transfer). V33 said

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Continued From page 2

with transfers.

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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 04/26/2023 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 PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 R21 was transferred with one staff member when it should have been two staff members. V33 said R21 went to the local hospital with a hematoma on her face. V33 said both of R21's eyes were bruised. On 4/24/23 at 11:37 AM, V4 (Certified Nursing Assistant/CNA) repositioned R21 in bed multiple times during incontinence care. R21 was not able to assist V4 in her repositioning. The facility's Mechanical Lift Transfers policy revised 7/28/22 shows, "There will always be two staff to assist resident. One staff will control the lift as the other will guide the resident and support back and neck to transfer surface." 2. On 4/24/23 at 12:51 PM, R6 stated, "Last Tuesday I fell out of bed. The CNA (V19-Cerified Nursing Assistant/CNA) went to change me, and she rolled me to the right- I have MS (Multiple Sclerosis) and I am weak on my right side. V19 said to me, 'Why didn't you tell me you peed and pooped?' and she walked out of the room to go get a diaper. My legs fell off the bed, and my knees hit the ground. My arm was all wrapped up in the rail. Then the CNA (V19) came back in the room and said, 'R6 what are you doing?' and she went to get help. (V19 and V17-CNA) came back in and they decided they couldn't get me up by themselves so V19 went to get more help. I told them I can't hold on anymore, so can you please put my head on the floor. Then I let go and (V17) put her hand under my head so I wouldn't hit my head. She told them that they laid me on the floor. (V19) went and got 4 other people and they turned me around and got the sling under me and lifted me into bed. I got a bruise on my foot, a cut on left foot and right knee. My left knee hurts

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legs. She always moves her torso to the right, and then her legs slide to the left. One of her knees got hurt- had a scab and was bleeding a

PRINTED: 05/23/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6011993 04/26/2023 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 PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 5 S9999 Complained of pain to her knee when she was on the floor. Wanted to go to activities afterwards." On 4/25/23 at 1:41 PM, V17 (CNA) stated, "I was in the process of doing a room transfer with another resident. When I was in the hallway, the

other CNA velled for me to come in here. R6's top half of her body was still in the bed; she was sliding to the right. Her knees are on the floor. R6 requested that we put her on the floor, so I put my arms under her head, and she let go of the rail. I didn't want her to hit her head. She had a skin tear on her right knee. We got the (mechanical lift) pad under her and

put her back in the bed- with the help of a few other people.

She was in a normal bed, not on the air mattress she is usually on. She was laying in B bed- she was in the incorrect bed."

R6's Progress Notes dated 4/18/23 state, "Patient was hanging from her bed with the torso on the bed and knees on the floor. Staff had to Lower resident to the floor. Staff then had to assist her to the bed. Resident has a skin tear to the left knee by 1 cm. Area cleansed dressing applied. Resident has pain to her right knee..." and "At 11:15 AM, Aides noted resident with her knees on the floor. Resident was holding herself up by holding the bed rail. Staff could not lift her up. Staff lowered her to the floor. Resident suffered an abrasion/skin tear to the right knee. Treatment done to right knee. X-ray done to both knees due to pain."

R6's Minimum Data Set Assessment dated 3/12/23 shows that R6 has no cognitive impairment and requires extensive assist of 2 staff for bed mobility.

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