

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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 Facility Reported Incident of July 25, 2021 IL136636	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.3240 f) 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 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	S9999	Attachment A Statement of Licensure Violations	

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: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLATERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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 of notification.</p> <p>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 care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect f) 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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe environment to prevent resident to resident sexual abuse, failed to implement an immediate intervention(s) to assure safety of a resident and failed to provide corrective action to prevent further abuse, which affected three (R2, R3, R9) of six residents reviewed for abuse in a sample of 10. This failure caused R2 to experience psychological harm which was exhibited by increased anxiety/fear, increased nervousness,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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>and difficulty sleeping at night due to R3 residing on the same resident unit.</p> <p>Findings include:</p> <p>R2's Admission Record documents an admission date of 10/14/19. R2's pertinent medical diagnoses include: Bipolar Disorder, Major Depression and Anxiety. Staff indicated R2 is alert and oriented to person, place and time.</p> <p>R2's Minimum Data Set (MDS), dated 7/5/21, documents a cognitive score of 13 out of 15, which indicates that R2 is cognitively intact. This MDS also documents R2 requires extensive assistance from staff for bed mobility.</p> <p>On 8/16/21, staff that regularly care for R2 indicated R2 does not usually complain, and if R2 says something, it's reliable.</p> <p>R3's Admission Record documents an admission date of 2/27/21. R3's pertinent medical diagnoses include: Insomnia, Psychosis and Dementia with Behavioral Disturbance. Staff indicated R3 is alert and oriented to person and place.</p> <p>R3's MDS, dated 5/31/21, documents a cognitive score of 12 out of 15, which indicates R3 is cognitively intact. This MDS also documents R3 is able to walk independently on unit without assistance.</p> <p>R3's Act(ivity) care plan, dated 5/31/21, documents: (R3) may need to be monitored while being out in halls. It also has been reported that he demonstrates wandering or pacing behaviors. R3's wandering in and out of resident rooms was not addressed and not care planned.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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>R3's Sexually oriented behavior care plan, dated 5/6/21, documents: (R3) has exhibited sexually inappropriate behavioral symptoms such as masturbating in the dining room.</p> <p>On 8/16/21 at 11:50 AM, R2 recounted the sexual abuse incident with R3. R2 stated, "I was assaulted. It happened in July, less than a month ago. A man that lives at the end of the hallway came into my room at night and sat on the end of my bed. I've never seen him before the assault, but I have seen him since. He came in at about 3:00 AM. Sat on my bed. I thought he was someone that comes in at 5:00 AM to change diapers. He lifted up my dress and put his hands on both my thighs. And when I realized it wasn't the diaper guy, I screamed at him and said, "Stop doing what you're doing." He got scared and left."</p> <p>On 8/16/21, R2 stated, "Since the incident, R3 has come and looked in the room but hasn't come in. Not yet at least. It makes me nervous. I really don't feel safe. I'm scared to go to sleep at night. I want to know why he still lives on this floor. This building has multiple floors. I'm afraid. I don't want to run into him. So I stay in my room. At night, I'm scared to fall asleep. And then they have come to me and asked me to be moved out of my room when I am where I want to be with a roommate that I get along with. They're making me feel like it's my fault that this happened." R2 indicated R3 can walk in the hallways by himself and come into her room anytime, and staff is not always watching him. R2 stated, "I can't sleep at night because I feel like I have to stay awake to see if he comes in. The staff says that they can watch him but how can they? This man is allowed to walk around the floor. We've seen him, so how are they keeping me safe. My headaches have</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
NAME OF PROVIDER OR SUPPLIER BELLATERRA WHEELING		STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090		
(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</p> <p>gotten worse because my anxiety has gone up and because I'm not sleeping. I'm nervous. I'm just a mess. I wish they would do something more."</p> <p>According to R2's Medication Administration Record (MAR), dated June 2021, July 2021 and August 2021, R2 has required increased doses of Imitrex (medication for headaches). R2's June MAR documented she requested Imitrex four times in the whole month of June. R2's July MAR documented that from 7/1/21 through 7/25/21, she requested Imitrex two times. R2's July/August MAR documented that from 7/26/21 through 8/8/21, which was after the incident, she requested Imitrex four times. And V12's (Nurse Practitioner) progress note, dated 8/4/21, documented R2 requested to remain on Ativan three times a day for anxiety.</p> <p>R2's medical record has multiple entries documenting R2 felt nervous and anxious due to R3 being seen in the hallway outside of her bedroom. It is also documented V3 and V4 asked R2 if she would like to move rooms.</p> <p>On 8/4/21, V12 (Nurse Practitioner) documented, "(R2) reports that she feels anxious, nervous and upset when she sees the resident who touched her ambulating in the hallways." "She does not want any medications for anxiety. She reports that she will feel better if (R3) is relocated off (the unit) and she does not have to see him."</p> <p>On 8/16/21 at 11:53 AM, R9 (R2's roommate) stated, "The man came in. I saw him. I woke up and saw him sitting on (R2's) bed at the end. I saw a figure there but I didn't see exactly who it was. I've seen him since. From my vantage point you can see everyone in the hallway. He walks by</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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>quite a few times a day and looks into the room. (R2) was able to identify him and she pointed out who he was to me. I haven't seen him in here since but who's to say it won't happen again? She doesn't feel safe and I don't blame her. They should move him but instead they asked (R2) to move. It's not her fault. Why should she move?"</p> <p>R9's MDS, dated 7/1/21, documents R9 scored a 15 out of 15 for mental status and is cognitively intact.</p> <p>On 8/16/21 and 8/17/21, V2 (DON-Director of Nursing) and V3 (ADON-Assistant Director of Nursing) indicated they both watched video surveillance of the unit on the night of the alleged sexual assault. Both agreed R3 was seen wandering in the hallway leading to R2's room during the exact time frame of the alleged sexual assault. V2 stated, "(R3) was the only gentleman walking in the hallways at that time." V3 stated, "(R3) was wandering in and out of rooms that weren't his. He was wearing the clothing and flip flops that (R2) described." V3 indicated R3 moved towards R2's room and moved off camera, but it matched the timeframe that she said that it happened. V3 stated, "We corroborated that it probably was him and we showed that to the police as well. At this point, I believe that something happened."</p> <p>On 8/16/21 and 8/17/21, V3 and V4 (Social Services Designee) indicated they were, respectively, manager and social services personnel for the unit that R2 and R3 resided on. V3 and V4 indicated R3 had exhibited sexually explicit behaviors. V3 stated, "(R3) has some sexual behaviors that we have care planned, masturbation, sometimes not in the privacy of his own room." V4 stated, "(R3) was found</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLATERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
--	--

(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</p> <p>masturbating when he initially moved down to (unit) in March 2021.", and it is also documented R3 had another episode in May 2021. V4 also indicated a CNA (Certified Nurse Assistant) saw R3 in the shower room with woman's panties on his head.</p> <p>On 8/16/21 and 8/17/21, V1 (Administrator/Abuse Coordinator), V2 (DON), V3 (ADON) and V4 (Social Services Designee) were all asked why R3 was not moved to another unit and still allowed access to R2. V1, V2, V3 and V4 all stated R3 was not appropriate for 3rd floor because he does not have Dementia, and not appropriate for 1st floor because R3 is an elopement risk. V1 and V2 also indicated they were not aware R2 was still nervous about the situation. V2, V3 and V4 indicated the intervention that was put into place was to request that R3 not walk down the hallway towards R2's room, and to have staff monitor R3 hourly. Hourly rounds documentation specific for R3 were requested and not submitted. On 8/17/21, V2 was asked how hourly monitoring of R3 was going to ensure that he did not go to R2's room again. V2 did not answer the posed question.</p> <p>On 8/17/21, V10 (RN-Registered Nurse) and V11 (CNA) indicated they are regular staff on R3's unit on the evening shift and/or night shift. V10 and V11 indicated R3 had wandering behaviors even before the sexual abuse incident. V10 stated, "I know I have heard that he masturbates in the dining area. And he's been caught a few times by the nurses. It happened once or twice early morning hours, 5 AM - 6 AM."</p> <p>On 8/17/21 at 9:51 AM, V12 stated, "(R2) does report that she's very anxious when she sees this resident in the hallway. If this (R3) was moved off</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLATERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
--	--

(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>of the unit, I think it would greatly help (R2's) anxiety. I don't take any part in moving resident's from room to room. But it would help." V12 was asked if she told any staff regarding R2's request, and V12 stated she spoke to V4.</p> <p>On 8/17/21 at 10:44 AM, V1 stated, "I agree with you from a psychological standpoint that if (R2's) still anxious, then we definitely should have moved (R3) to another floor. We should have separated them to let (R2) feel safe." V1 was asked why V4 and V12 did not report to administration R2's request to have R3 moved to another unit. V1 did not have an answer.</p> <p>As of 8/17/21, R3 continues to reside at the end of the hallway, four rooms away from R2. This has caused R2 fear, nervousness, anxiety, insomnia and an increase in requiring medication for headaches caused by the increased anxiety and insomnia.</p> <p>R2's Census sheet documents that her room was not changed after the sexual assault. R3's Census sheet documents that his room was not changed after the sexual assault.</p> <p>On 8/18/21 at 12:16 PM, V22 (Psychiatrist) indicated he was not notified regarding the sexual assault involving R2 until 8/18/21. V22 stated, "I have provided her psychiatric care for two years now. I was not aware of the sexual assault. I was just told by (V2) at the facility today. (R2) is nervous. She was told yesterday that (R3) was moved to another floor. She said that she was able to sleep. She was nervous due to the incident. She said that she used to feel safe in the home but the last three weeks she has not felt safe. But she feels like she will get better now that he is moved." On 8/18/21, V2 indicated that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING	STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090
---	--

(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>staff should have notified V22 at the time of the allegation.</p> <p>On 8/18/21 at 12:37 PM, V24 (Psychiatrist) stated, "After the sexual assault allegation, I started (R3) on Depakote to mainly reduce the sexual impulsivity because I believe that incident was due to impulsive behaviors." Per V24's visit notes, dated 5/17/21 and 7/5/21, V24 was not aware of the increase in R3's sexually oriented behavior in regards to masturbation. It is documented in both notes dated 5/17/21 and 7/5/21, "There have been no reported incidents of inappropriate behaviors or perceptual alterations." Per V2 and V3, V24 should have been notified on the behaviors. It is noted V24 was not notified about R3's sexual behaviors until 7/26/21, after the alleged sexual abuse incident with R2.</p> <p>R3's medical record documents he does have a dementia with behavioral disturbance diagnosis so would have been appropriate for the third floor. V1 and V2 confirmed the facility utilizes electronic monitoring bracelets for elopement risks, have staff around the clock on the first floor, and that the first floor door is a secured door requiring a code to get to the lobby area, which would have made him appropriate for the 1st floor.</p> <p>On 8/18/21, V22 indicated R2 feels she will get better now R3 was moved to another unit. Per V22, R2 slept better the night before.</p> <p>A facility policy dated May 17, 2021 and titled, "Abuse and Neglect" documents: If abuse/neglect is suspected the facility will: 1. Take immediate steps to assure the protection of the resident(s). This may involve separation from the alleged abuser and/or provision of medical care. III. Prevention: Have procedures to: Establish a safe</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELLA TERRA WHEELING

**730 WEST HINTZ ROAD
WHEELING, IL 60090**

(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 environment that supports consensual sexual relationship. (B)	S9999		