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| 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 05/20/2022 |
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| NAME OF PROVIDER OR SUPPLIER BELLA TERRA WHEELING | STREET ADDRESS, CITY, STATE, ZIP CODE 730 WEST HINTZ ROAD WHEELING, IL 60090 |
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|--------------------|---|---------------|---|--------------------|
| S 000 | Initial Comments Annual Licensure FRI of 5/11/2022/IL146886 Complaint 2293546/IL146624 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2) 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 | S9999 | Attachment A Statement of Licensure Violations | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</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> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>These Requirements were not met evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise 1 of 3 residents (R68) reviewed for accidents in the sample of 35. This failure resulted in R68 falling from a scale and obtaining a nondisplaced femoral fracture.</p> <p>Findings include:</p> <p>On 5/19/22 at 1:39 pm, V2 DON (Director of Nursing) said R68 is alert and oriented x1, able to make simple needs known, and has Dementia with confusion. R68 has poor safety awareness due to Dementia. R68 is a high fall risk due to Dementia and lack of safety awareness. R68 has a history of falls. R68 was getting weighed near dining room. When Certified Nursing Aide (CNA) was weighing R68, CNA saw another resident starting to fall. CNA left R68 to tend to the other resident to prevent a fall and subsequently R68 fell. CNA was unable to prevent R68's fall. No findings of injury, MD was notified and gave orders to send to local hospital. Hospital x-ray revealed a left femoral fracture.</p> <p>On 5/18/22 at 2:29 PM, V16 (LPN) said R68 is alert oriented x 2 and able to make her needs known. R68 needs redirection and supervision. R68 requires supervision to prevent falls. CNA said she was taking R68's weight. Another resident was in the room and started to fall, CNA went to tend to other resident and R68 tried to get up from scale and fell. R68 was admitted for left hip fracture.</p> <p>On 5/19/22 at 12:55 PM, V17 (Restorative Nurse) said R68 is alert oriented x1. R68 is able to make</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>simple needs known. R68 has dementia and is confused at times. R68 lacks safety awareness and has history of wandering behavior. R68 requires redirection and cuing due to poor safety awareness, wandering behaviors, and diagnosis of dementia. R68 is a high fall risk due to wandering behavior, lack of safety awareness, and history of falls. CNA was weighing R68 on standing scale (monthly) and there was another resident nearby. The other resident was attempting to get up from her chair. CNA went to attend to the other resident at the same time R68 attempted to get off the scale without assistance. CNA was tending to other resident when R68 fell from scale. CNA was unable to prevent R68's fall. Hospital x-ray determined R68 had a left femoral fracture.</p> <p>Fall Risk Assessment (dated 5/3/16, 7/18/21, 8/19/21, 6/1/21 4/7/21, and 1/25/21) documents High Risk for falls. MDS (Assessment Reference Date 4-2-22) documents: Brief Interview for Mental Assessment documents 3, Transfer- (self) limited assistance, (support) one person assist, Locomotion: (self) supervision, (support) 1-person physical assist, Balance- not steady, only to stabilize with staff assist, Walking- not steady, but able to stabilize with staff assist. Diagnoses (Not Limited To:) Non-Alzheimer's dementia, anxiety, depression, psychotic disorder, and history of falls. Hospital Record dated 5/3/22 documents Impression: Nondisplaced fracture of the femoral neck remainder the femur is intact. Impression: A nondisplaced left femoral neck fracture is present. Surveyor requested Fall Prevention Policy and facility presented Fall Occurrence Policy.</p> | S9999 | | |

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