Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005318 B. WING 08/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2100 SOUTH FINLEY ROAD **BELLA TERRA LOMBARD** LOMBARD, IL 60148 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #2376859/IL163342 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)4 300.1210c) 300.1210d)5 Section 300.610 Resident Care Policies 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 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each Illinois Department of Public Health

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

TITLE

(X6) DATE

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: \_ C B. WING IL6005318 08/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2100 SOUTH FINLEY ROAD **BELLA TERRA LOMBARD** LOMBARD, IL 60148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident, 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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: A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. These requirements are not met as evidenced by:

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Based on observation, interview, and record

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 IL6005318 08/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2100 SOUTH FINLEY ROAD BELLA TERRA LOMBARD LOMBARD, IL 60148 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY)** S9999 Continued From page 2 S9999 review, the facility failed to provide incontinence care to residents' dependent on staff for care for 5 of 5 residents (R1-R5) reviewed for incontinence care in the sample of 5. This failure resulted in psychosocial harm as evidenced by R2 being upset and angry for lying in a soiled incontinence brief for over four hours and stating it makes her "pissed" and "disgusted". R1sitting in a soiled incontinent brief for over six hours and stating he felt like a "second class citizen", and R4 stated in the morning she is soaked through to the bed linens and "can't feel like a person" when this happens. The findings include: 1. R4's face sheet showed an 80-year-old female with diagnosis of rheumatoid arthritis, chronic kidney disease Stage 3, hypertension, heart failure, urinary tract infection, and falls. On 8/24/23 at 10:50 AM. R4 said she urinates a lot and uses incontinence briefs. They put a pad inside my brief too to help. Nobody usually comes in during the night to check and change me. This morning. I was soaked through to the bed linens. I can't move to assist them. It makes me worry about the residents that can't speak for themselves. "It's terrible. I can't feel like I'm a person". I have a sore on my bottom that I didn't have before I got here. At 12:22 PM, V4 Director of Nursing said residents should be checked and changed every two hours whether they are alert or not. Some residents want to be independent so may not request assistance. If incontinent care is needed and not given you could have skin issues, infection, and their dignity can be affected. To

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED						
		IL6005318	B. WING		08/24/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BELLA TERRA LOMBARD 2100 SOUTH FINLEY ROAD LOMBARD, IL 60148											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE						
S9999	Continued From page 4		S9999								
	skin irritation, and to observe the resident's skin condition. Do rounds at least every two hours to check for incontinence during shift.  The facility's 7/28/23 General Care Policy showed it is the facility's policy to provide care for every resident to meet their needs. The facility will evaluate the need for physical and psychosocial needs. Physical needs would include ADL, wound care, medical needs, etc. Psychosocial needs would include but are not limited to areas of mental and psychosocial well-being. The facility will assist the resident to meet these needs.		3333								
	with diagnosis of rig hemiparesis following dementia, heart fail major depressive di bilateral deep vein e	showed a 59-year-old male this sided hemiplegia and and a cerebral infarction, ure, urinary tract infection, isorder, anxiety disorder, embolism and thrombosis, ertension, and acute		.0							
	his back. R1 said he soiled incontinent be changed around 4:0 aware but did not he change him. R1 sai many others aren't	AM, R1 was lying in bed on e was currently sitting in a rief. R1 said he was last 00 AM. R1 said the staff were ave the supplies available to d if they can't get to me, how getting care? It happens a lot. Ke a second-class citizen".									
	(CNA) said she's we said there are four indiapers and identified that do. V8 said R4 and had been given AM-2 PM). V8 said	ertified Nursing Assistant aiting on the "big diapers". V8 resident who use bariatric red R1, R2, and R3 as those wears a 2XL incontinent brief incontinence care her shift (6 R1-R3 had not been given his shift because there were									

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
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(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETE DATE				
S9999	Continued From page 5		S9999							
	said this has been g management gets " supplies" and reprin Another CNA made incontinent supply r and gave it to V1 Adago.	ent briefs available to use. V8 going on for weeks and mad when we ask for nand us if we talk to you. a list of each resident's needs (on the second floor) dministrator about a week								
	incontinence care.									
	make himself under understand others, of two plus persons mobility and toilet us R1 had upper and k	assessment showed he could stood and was able to required extensive assistance to physically assist for bed se. This assessment showed ower extremity impairment on ways incontinent of bladder								
	breakdown related to incontinence. Keep 6/7/22 care plan shot recurrent UTI (urinal (activity of daily livin requires extensive a care. R1's incontine	yed he was at risk for skin to impaired mobility and skin clean and dry. R1's bwed antibiotic use related to ry tract infection). R1's ADL g care plan) showed he assistance of two staff for perince care plan showed staff to urs for incontinence and aid y his perineum.								
		r sheet showed a 7/12/23 n and approval of the care								
	with diagnosis of modisease Stage 4, ch	howed a 74-year-old female orbid obesity, chronic kidney ronic obstructive pulmonary e, type 2 diabetes, and major		,	100					

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incontinence every two hours, and she required assistance to wash, rinse, and dry her perineum.

(B)