STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012553	A. BUILDING: _____ B. WING _____	11/20/2024

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BELLA TERRA SCHAUMBURG	675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

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resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

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:

3) 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.

Based on observation, interview, and record review the facility failed to weigh, assess and monitor a resident with significant weight loss. This failure resulted in R137 losing 21 lbs (pounds) in 14 days without being re-weighed or assessed. The facility also failed to provide physician ordered supplements for a resident with

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a history of significant weight loss. This applies to 2 of 7 residents (R137 & R118) reviewed for weight loss in the sample of 30.

The findings include:

1. R137's face sheet lists her diagnoses to include: senile degeneration of brain, dementia, unspecified psychosis, major depressive disorder, cognitive communication deficit and hallucinations.

R137's face sheet also shows she was admitted to the facility on July 30, 2024. She weighed 145.6 lbs.

R137's initial admission dietary evaluation dated July 31, 2024 shows, "71 year old female admitted from the hospital with a dx (diagnosis) of psychosis. Past medical hx (history) includes dementia, depression, hyperlipidemia. Diet: regular with thin liquids. Appetite appears fair with intake of ~50-75% of meals since admission. Current BMI (body mass index) is 22.5 which reflects weight within normal range for height, but low for age. Reviewed meds. No current labs to review. No skin breakdown noted. Visited with patient in the room during breakfast. Observed feeding herself with a good appetite. Patient was confused stating "Hi Ma, will you be here all day?" Patient was unable to answer any interview questions. Spoke with the POA (Power of Attorney) who reports patient's height to be 5'7 1/2" and states patient used to be ~190.6# (lbs) x ~4-5 months ago- unable to specifically quantify. POA states patient was eating well at home and did receive MOW (meals on wheels) for lunch, however continued to lose weight despite eating well. Obtained preferences and left meal tickets and alternative menu to fill out. Per POA, patient

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prefers cold cereal at breakfast, likes cheeseburgers, chicken and fish and loves anything chocolate. MNA (mini nutritional assessment) score is 12 which is normal nutritional status. Goals: PO (by mouth) intake >/=75%, weight maintenance. Patient appears well nourished at this time but will monitor weight trend and intake d/t (due to) reported wt (weight) loss."

R137's progress notes dated August 4, 2024 shows, "The patient refused to eat. She's always saying that I don't want to eat, I don't like the food. Spoke with POA she said that a family member will come by today to bring her burger which likes to eat."

R137's electronic medical record (EMR) shows no re-weight from admission.

R137's order details dated August 5, 2024 shows, mirtazapine tablet was ordered for "increase appetite."

R137's EMR continues to shows no re-weight from admission.

R137's nutrition- amount eaten sheet shows the following percentages of food eaten: 8/3/24- 0-25% for all 3 meals, 8/4/24- 51-75% for all 3 meals, 8/5/24 & 8/6/24- 26-50% for breakfast and lunch, 51-75% for dinner, 8/7/24- 0-25% for breakfast and lunch and refused dinner, 8/8/24- 26-50% for breakfast, 51-75% for lunch and dinner, 8/9/24- 0-25% for all 3 meals and 8/10/24- breakfast refused and 26-50% for lunch.

R137's weights show, she was not weighed again until August 13, 2024 (14 days later). She weighed 124.5 lbs (21 lb loss).

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R137's EMR and progress notes show, she was not seen by the dietitian after her initial assessment until August 20, 2024 (7 days later). "Reported that resident continues to have varies to mainly poor p.o. (by mouth) intake with meals despite of assist and encourage. Diet was downgraded to Mechanical Soft on 8/19 and to Puree on 8/20 (started for Lunch) d/t (due to) continues poor intake. Per nursing provided Puree for lunch today and ate 100% of the meal with ice cream. Nursing notified MD and families regarding p.o. intake, current wt with wt loss and diet changes. Current wt is 126.6# as of 8/20 which showed 5# or 3.7% loss from last week's wt of 131.6# 8/15. Initial wt of 145.6# on 7/30 and 124.6# on 8/13 were both questionable, resident was re-weighed on 8/15-131.6#. With current wt BMI is 19.5 which remains normal status but at the low-end side. Per wound nurse today, resident has unstageable to coccyx area as of 8/19. Per nursing resident tolerates supplements well. Will recommend increasing to 120ml (milliliters) QID (four times a day) and to provide (fortified shake) which will provide 960kcal (kilocalories) and 40g (grams) of protein if all consumed. Added ice cream with lunch and dinner, super cereal at breakfast. Interventions should help with the healing process and maintain or have wt (weight) gain. Will make Rd (Registered Dietitian) aware. Will continue to monitor wt, labs and intake."

On November 19, 2024 at 1:24 PM, V14 (Dietitian) stated, she asked for a re-weigh when R137 was admitted because she didn't believe she weighed 145 lbs. She did not get re-weighed until August 13, 2024. She only saw her on July 31, 2024 and August 20, 2024. New admits should have weekly weights for 4 weeks to make

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sure the initial weight are correct and monitor for any fluctuations.

R137's care plan initiated on July 31, 2024 shows, "Nutrition-Dementia focused. R137 is at risk for compromised nutritional status, related to diagnosis of Alzheimer's disease or related dementia..."

2. On November 17 & 18th, 2024 both at the noon meals, R118 was not provided a magic cup.

R118's dietary evaluation dated October 24, 2024 shows, "Resident is seen for significant weight loss of 10.5% x 6 months. Current weight is 129.8# which is down from 145# x 6 months ago. Resident continues under hospice care w/a dx (with a diagnosis) of senile degeneration of the brain. Continues on Pureed with thin liquids, pudding at breakfast, magic cup at lunch and dinner."

R118's physician orders shows, "Regular diet, Puree texture, Thin liquids consistency. Magic cup with lunch and dinner, pudding at breakfast and whole milk with meals. No Straws."

On November 19, 2024 at 1:24 PM, V14 (Dietitian) stated, R118 has had some weight loss. One of the interventions added was a magic cup at lunch and dinner. If he doesn't receive his magic cup, he could lose more weight.

R118's care plan initiated on September 10, 2024 shows, "Focus: Unintended weight loss/gain: R118 has the following conditions and risk factors that put him at risk for unintended weigh loss/gain: Alzheimer's disease/dementia. Significant weight loss x 6 months. Interventions: Proved pureed diet to meet the nutritional needs

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S9999	Continued From page 6 of the resident by: 1. providing fortified foods-magic cup BID (twice a day), pudding (date initiated October 25, 2024)." The facility did not provide a weight loss/prevention policy. (B)	S9999		