(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

IL6013381 B WING	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
BELLATERRA LAGRANGE (ACA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (ACA) ID PREERX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (ACA) ID PREERX TAG (AC			IL6013361	B. WING		11/05/2021	ı
PRIÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Initial Comments Annual Licensure and Certification Survey S9999 Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.3240a) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have 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 written policies in the facility. 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 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	BELLA TERRA LAGRANGE 4735 WILL		DDRESS, CITY, STATE, ZIP CODE LOW SPRINGS ROAD				
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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							
resident to meet the total nursing and personal	p w e p c	and services to atta practicable physical well-being of the reseach resident's com- plan. Adequate and care and personal considers to meet the	in or maintain the highest , mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing are shall be provided to each		Attachment A Statement of Licensure Violation	8	

(X2) MULTIPLE CONSTRUCTION

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:				3) DATE SURVEY COMPLETED	
			B. WING				
		IL6013361			11/0	5/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD							
BELLAT	ERRA LAGRANGE		GE, IL 6052				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	care needs of the re	esident.					
	Section 300.3240 A	Abuse and Neglect					
8		ee, administrator, employee or nall not abuse or neglect a 1-107 of the Act)					
ai	abuse or neglect of report the matter by the resident's repre	trator who becomes aware of a resident shall immediately telephone and in writing to sentative and to the ion 3-610(a) of the Act)		÷			
	These requirement by:	s were not met as evidenced					
	failed to ensure tha mental abuse and f residents from abus of 1 resident (R277 sample size of 19.7 feeling embarrasse seen on live video of	and record review, the facility t residents were free from failed to protect vulnerable se. These failures affect 1 out) reviewed for abuse in a This failure resulted in R1 d and violated about being during personal care and felt e agency aide returned to the					
	Findings include:						
	observed lying in be on her right arm and R277 said she was legs and her right w on October 25, 202 agency CNA (Certif room to assist her w that V11 had an ear	221 at 12:05 PM, R277 was ed in her room. She had a cast d dressing on her right leg. in a car accident and both her rist were broken. R277 said 1 around 3:45 PM, (V11) an ied Nurse Aide) came into her with toileting. R277 noticed rpiece on and was talking on 11 was assisting R277 on the				æ	

Illinois Department of Public Health

STATE FORM

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Illinois Department of Public Health

IL6013361 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 bedpan, V11 placed her phone down beside R277, and R277 saw a man on the phone. R277 realized that V11 was on Face Time (video call). R277 said she felt embarrassed because if she was able to see the man on the V11's phone, then he would also have seen her while V11 was		II 6013361	B. WING	-	4410	20004	
BELLATERRA LAGRANGE 4735 WILLOW SPRINGS ROAD LA GRANGE, IL 60525 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 bedpan, V11 placed her phone down beside R277, and R277 saw a man on the phone. R277 realized that V11 was on Face Time (video call). R277 said she felt embarrassed because if she was able to see the man on the V11's phone, then he would also have seen her while V11 was	NAME OF PROVIDER OR SUPPLIER			STATE ZIP CODE	11/0	15/2021	
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Summary Statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Sequence of the proof	4735 WILLIAM SERINGS POAD						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 bedpan, V11 placed her phone down beside R277, and R277 saw a man on the phone. R277 realized that V11 was on Face Time (video call). R277 said she felt embarrassed because if she was able to see the man on the V11's phone, then he would also have seen her while V11 was			GE, IL 6052	5			
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assisting her with toileting. R277 said she reported the incident to V3 (Restorative Director) immediately. R277 was informed by V1 (Administrator) that V11 would no longer work at the facility. R277 said that on October 27, 2021, the same agency CNA (V11) came to her room around 7:30 AM. V11 did not speak to R277; all V11 did was look at R277 and then left her room. R277 said she felt threatened because there was no way for her to protect herself due to her injuries from the car accident. R277 said once V11 left her room, she informed V1 (Administrator). V11 was sent home immediately. R277 said the whole incident was embarrassing and she felt violated. R277's Face Sheet shows multiple diagnoses which included displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing, acute post hemorrhagic anemia, difficulty walking, unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing, unspecified fracture of lower end of right una, subsequent encounter for closed fracture with routine healing, unspecified fracture of lower end of right una, subsequent encounter for closed fracture with routine healing. R277's MDS (Minimum Data Set) dated October 27, 2021 shows R277's BIMS (Brief Interview for Mental Status) score of 15, which indicates her cognition is intact, and R277 requires extensive 2	bedpan, V11 placed R277, and R277 sarealized that V11 w R277 said she felt was able to see the then he would also assisting her with to reported the incided immediately. R277 (Administrator) that the facility. R277 sat the same agency Caround 7:30 AM. V V11 did was look at R277 said she felt to way for her to prinjuries from the ca V11 left her room, s (Administrator). V17 R277 said the whole and she felt violated R277's Face Sheet which included disp with intracondylar efemur, subsequent with routine healing anemia, difficulty was the lower end of riginal encounter for close unspecified fracture subsequent encounter subsequent encounter the paling, unsof left femur, subsefracture with routine R277's MDS (Minim 27, 2021 shows R2 Mental Status) score	d her phone down beside aw a man on the phone. R277 yas on Face Time (video call), embarrassed because if she aman on the V11's phone, have seen her while V11 was oileting. R277 said she nt to V3 (Restorative Director) was informed by V1 to V11 would no longer work at aid that on October 27, 2021, CNA (V11) came to her room 11 did not speak to R277; all to R277 and then left her room. threatened because there was rotect herself due to her are accident. R277 said once she informed V1 to was sent home immediately. We incident was embarrassing did. It shows multiple diagnoses blaced supracondylar fracture extension of lower end of right encounter for closed fracture of ht radius, subsequent alking, unspecified fracture with routine healing, and fracture with routine healing, and fracture of lower end of right ulna, and fracture of lower end lo	S9999				

Illinois Department of Public Health

PRINTED: 12/21/2021 FORM APPROVED 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 IL6013361 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4735 WILLOW SPRINGS ROAD BELLATERRA LAGRANGE** LA GRANGE, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 person assist with transfers and 1 person assist with personal hygiene. On November 2, 2021 at 1:30 PM, V1 (Administrator) said R277 informed her on October 25, 2021 that while an agency CNA (V11) was toileting her. V11 was talking on the phone and when V11 placed her phone down, R277 realized V11 was on Face Time because she saw a man's face on V11's phone. V1 said R277 was not sure of what the man saw. V1 contacted V11's agency after the incident occurred and told the agency that V11 could not return to the facility. V11 was placed on the "Do Not Return" list, V1 said R277 informed her that V11 came into her room on October 27, 2021. V11 was sent home immediately after that. V1 said she was not sure why V11 returned to the facility after the first incident. V1 said she felt the incident was a privacy concern and not an abuse concern, and she did not report the incident to the state agency. V1 said she did not ask R277 how she felt about the incident that occurred. V1 said she completed a grievance form in regard to the incident. V1 said she is the abuse coordinator. On November 2, 2021 at 3:00 PM, V3 (Restorative Director) said at the beginning of last week, R277 reported to her that while she was being toileted by an agency CNA (V11), V11 was on the phone, and when V11 placed her phone down, R277 saw that V11 was on Face Time. because she saw a man on V11's phone and he

Illinois Department of Public Health

may have seen her while she was being toileted. V3 said R277 said she was in disbelief about the incident. V3 said she reported the incident to V1 (Administrator); V1 is the abuse coordinator. V1

The Grievance and Satisfaction Form completed

told her that she would take care of it.

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PRINTED: 12/21/2021 FORM APPROVED 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 IL6013361 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4735 WILLOW SPRINGS ROAD BELLA TERRA LAGRANGE** LA GRANGE, IL 60525 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 PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY** S9999 S9999 Continued From page 4 on October 26, 2021 at 8:00 AM showed that "R277 reported to V1 that on October 25, 2021 during the 3-11 shift, an agency CNA (V11) was on the phone while providing care, it looked like Face Time, but R277 was not sure." The facility's 2021 policy titled Abuse and Neglect shows. "Mental abuse includes but is not limited to humiliation, harassment, threat of bodily harm. punishment, isolation (involuntary, imposed seclusion) or deprivation to provoke fear of shame. Mental abuse includes nursing home staff or using photographs or video recordings in any manner that would demean or humiliate a resident(s). This would include using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media." (B)

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