

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012975	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2022
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NAME OF PROVIDER OR SUPPLIER BELLA TERRA STREAMWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107
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S 000	Initial Comments Facility Reported Incident Investigation FRI of 08.17.22/IL150305	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210 b) 300.1210 c) 300.1210d)6) 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 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>These requirments are not met as evidenced by:</p> <p>Based on interviews and record reviews, this facility failed to provide safe transfer assistance to prevent an avoidable fall incident for 1 of 3 (R1) residents reviewed for safe transfers. This failure resulted in R1 being involved in a fall incident while being assisted by staff to the toilet. This fall resulted in R1 sustaining a left distal fibula fracture with subluxation of the left ankle.</p> <p>Findings include:</p> <p>On 10/7/22 at 12:55pm, V7 (Director of Rehabilitation) stated that skilled therapy was working with R1 on bed mobility and transfers. V7 stated that R1 would fatigue very fast during</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>therapy. V7 stated that R1 required two person assist with ADLs (Activities of Daily Living) because R1's level of assistance needed fluctuated between moderate and extensive assistance. V7 stated that skilled therapy recommended staff transfer R1 using a mechanical lift device for R1's safety. V7 stated that this facility does use raised toilet seats for residents as needed. V7 stated that the raised toilet seat sits on top of toilet; it does not attach securely to toilet.</p> <p>On 10/12/22 at 10:00am, V3 DON (Director of Nursing) stated that there is a caregiver book kept at each nurses' station. V3 stated that this book is updated every Friday and as needed to reflect the resident's status. V3 stated that it provides information on each resident, including information on how resident transfers/walks. V3 stated that R1 needed one person assistance with walking. V3 stated that R1's legs gave out and that is the reason R1 fell and fractured an ankle.</p> <p>On 10/12/22 at 11:20am, V25 (Falls Prevention Nurse) presented this surveyor with R1's OT (Occupational Therapy) discharge summary. V25 stated that per OT's discharge summary, dated 8/17/22, R1 required only partial/moderate assistance with toilet transfers. R1's PT (Physical Therapy), OT, and progress notes, dated 8/14/22 through 8/17/22 reviewed with V25. PT and OT noted R1 fatigues easily and required moderate assistance of two persons to take a few small steps from bed to wheelchair. V25 stated that V14 CNA (Certified Nurse Aide) transported R1 to the bathroom door via wheelchair and then walked R1 to the toilet with a rolling walker. V25 stated that V14 should have had another staff member present for R1's safety due to R1's</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>increased fatigue. R1's falls risk assessments, dated 7/23/22 and 8/17/22, were reviewed with V25. V25 stated that on 8/17/22 R1's post falls risk assessment notes R1 was high risk for falls. V25 stated that if a resident has a fall, the resident is automatically a high risk for falls. V25 stated that R1's admission falls risk assessment, dated 7/23/22, notes R1 was at low risk for falls. When asked for clarification on fall history section question, did the resident just have a fall, a recent fall or fall incident that occurred in the past 3 months? V25 was informed R1 fell at home on 7/14/22 and was admitted to this facility on 7/23/22. V25 stated that if R1 fell within past three months, that question should have been marked 'yes' and R1 would have been an automatic high fall risk and fall interventions would have been in place. V25 was informed that R1 had a new diagnosis of atrial fibrillation and started on medication for it on 7/19/22 while in hospital. When asked for clarification on medication change section question: has the resident's medication changed in the last 5 days? V25 stated that the nurse should have been marked 'yes' to that question. When questioned if staff check orthostatic blood pressures on residents, V25 stated that the nurse checks and documents in the admission vital sign section. V25 reviewed the admission vital signs documentation, and it does not note R1's vital signs were checked lying down in addition to sitting. When questioned how would the nurse be able to answer the question: Is there a drop in the systolic blood pressure of 20 points or more; if blood pressure is not checked in two different positions per the instructions listed on the assessment? V25 acknowledged that staff should be checking blood pressure lying and standing/sitting before completing this section on the falls risk assessment. When questioned if</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1's admission falls risk assessment was accurate, V25 stated 'no'. V25 stated that R1 was high risk for falls and fall interventions should have been in place.</p> <p>On 10/12/22 at 12:30pm, V26 COTA (Certified Occupational Therapist Aide) presented a document, dated 8/4/22, noting R1 required one person assistance and a rolling walker with transfers. V26 stated that after reviewing V26's therapy notes, V26 was unable to find documentation supporting R1 required one person assistance with walking. V26 stated that R1 did exhibit a decline in functional abilities starting on 8/14. V26 stated that this document should have been updated when R1's ability declined.</p> <p>Review of R1's document of skilled therapy's recommendations for ADLs for CNAs, dated 8/4/22, notes R1 required mobility assistive device (rolling walker) for transfers. The section for walking is blank.</p> <p>Review of R1's PT (Physical Therapy) treatment record, transfers refer to: moving from bed to chair and chair to bed.</p> <p>Review of R1's medical record notes R1 was admitted to this facility on 7/23/22 with diagnoses including: polyneuropathy, reduced mobility, lack of coordination, morbid obesity, new onset atrial fibrillation (7/19/22), chronic obstructive pulmonary disease, and history of falling (fall 7/14/22).</p> <p>Review of R1's restorative ADL evaluation, dated 7/23/22, notes R1 is totally dependent on two plus persons physical assistance for transfers.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Review of R1's MDS (Minimum Data Set), dated 7/29/22, notes R1's BIMS (Brief Interview of Mental Status) score is 11 out of 15. R1 is always incontinent of bowel and bladder. R1 requires extensive assistance with bed mobility and incontinence care. R1 is totally dependent on two staff members for transfers.</p> <p>Review of R1's PT treatment encounter, dated 8/15/22, notes R1 reports not feeling well and declined to walk. Bed mobility from supine to sit and transfers from bed to wheelchair at moderate/maximum assistance with rolling walker, stand step pivot. On 8/17/22, PT noted R1 seen for continued therapy of bilateral lower extremities in supine position x 20 repetitions with rest period in between due to R1 fatigues easily. R1's sitting balance at edge of bed with increased fatigue for 5 minutes. Sit to stand from edge of bed with rolling walker with moderate assistance of two persons due to increased fatigue, R1 took small steps from bed to wheelchair with rolling walker with moderate assistance of two.</p> <p>Review of R1's OT treatment encounter, dated 8/16/22, notes R1 performed bed mobility, rolling, and scooting up in bed. R1 complaining of not feeling well. R1 sleeping half the day requiring multiple attempts for skilled therapy, discussed with nursing and physician. On 8/17/22, OT noted skilled interventions focused on bed mobility training to increase functional skills, training in supine/side lying to/from sitting edge of bed and training in safe sit to stand/stand to sit mobility. R1 expressed feeling tired today and does not want to get up in wheelchair at this time.</p> <p>Review of R1's progress notes, dated 7/25/22, the physician noted R1 was admitted to the hospital after a fall at home on 7/14/22.</p>	S9999		

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S9999	Continued From page 6 Review of R1's falls care plan, initiated 7/23/22, notes R1 is at low risk for falls related to decline in functional status. Interventions identified include: PT/OT evaluation and treatment to increase R1's strength and mobility and prevent further falls and make sure call light is within reach. Review of R1's medical record, dated 8/17/22 at 2:30pm, V15 (Agency Nurse) noted: R1 complained of left ankle pain at this time. R1's physician notified and ordered left ankle x-ray. Order noted and carried out. Outside diagnostic imaging company notified. At 7:25pm, nurse received a call from the diagnostic imaging company that R1 sustained a fracture to the left ankle. Physician made aware and ordered to send R1 to the hospital for evaluation. R1's family member made aware. R1 was transported to the hospital via outside ambulance company. R1 was admitted with fracture to the left ankle. Review of R1's hospital medical record, dated 8/17/22, notes R1 presented to the hospital after a fall in the bathroom this morning. Staff at this facility stated they received a verbal report that x-rays showed a left ankle fracture. Unable to bear weight after the fall. R1 has pain with movement. X-rays noted a left distal fibula fracture with subluxation of the left ankle joint. R1 was admitted for pain management and orthopedic evaluation and treatment. Review of this facility's fall incident report dated 8/18/22, notes R1 was being assisted to the bathroom by V14 CNA when R1 started sliding off the raised toilet seat when R1 tried to sit down. R1 was lowered to the ground.	S9999		

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S9999	Continued From page 7 Review of this facility's falls policy revised 5/17/22, notes those identified as high risk for falls will be provided fall interventions. (B)	S9999		