

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident of April 5, 2022/IL145892	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210 b)5) 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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 requirements are not meet as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy for transferring residents using a gait belt or mechanical lift device. This failure resulted in R8 sustaining an arm fracture (left humerus fracture) following a fall, due to an improper transfer. This applies to 3 of 3 residents (R2, R6, and R8) in the sample of 9.</p> <p>The findings include:</p> <p>1. On April 14, 2022, at 9:16 AM, R8 was sitting</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>in his bed. R8 had an arm sling loosely hanging over his left arm. R8's left arm hung limp at his side. Bruising was visible on R8's upper left arm. R8 said he has a history of a stroke and has no use of his left arm. R8 demonstrated his inability to use his left arm and used his right hand and arm to reposition his left arm to a comfortable position. R8 said he fell to the floor recently after an employee tried to transfer him from his bed to a wheelchair without the use of a mechanical lift device. R8 said, "[V12] (CNA-Certified Nursing Assistant) was trying to move me off of my bed to a wheelchair. I didn't understand it, but for some reason they were moving me to a new room that day. [V12] was getting me up off of the bed. He did not use the mechanical lift. He did not put a gait belt around my waist. He uses that belt to hold up his own pants. He said he was in a hurry because they wanted the room change right away. He did not bring anyone else in the room to help him. He got me to the edge of the bed and wrapped me in a great big bear hug and tried to pick me up. Since I cannot use my left arm, I really couldn't hold onto him at all or help. I was almost up to a standing position, but I was too heavy for [V12] and we both fell down to the floor at the same time. My left arm just flew up in the air because I do not have any control over that arm, and my left arm hit me in the head. They did an X-ray on my left shoulder because I was having a lot of pain, and they found my upper left arm is broken. Now I have to wait and see if I will need surgery to fix it."</p> <p>The EMR (Electronic Medical Record) shows R8 was admitted to the facility on June 12, 2021. R8 has multiple diagnoses including, cerebral infarction, contracture of the left hand, hemiplegia affecting the left non-dominant side, major depressive disorder, and atrial fibrillation.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R8's MDS (Minimum Data Set) dated April 1, 2022, shows R8 is cognitively intact. R8 is totally dependent on facility staff for transfers between surfaces, requires extensive assistance with bed mobility, and is independent with eating. R8's MDS continues to show R8 has functional limitation in range of motion, with impairment on one side of his body for both his upper and lower extremity. R8 requires a wheelchair for mobility.</p> <p>R8's care plan for ADL (Activities of Daily Living) self-care performance deficit and impaired mobility, related to cerebral infarction and hemiplegia affecting R8's left non-dominant side, was initiated on August 25, 2021. Interventions dated August 25, 2021, include: "[R8] requires [mechanical lift] 2-person assist for transfers."</p> <p>The facility's fall investigation report dated April 5, 2022, shows R8 experienced a fall on April 5, 2022, at 1:00 PM during a transfer between surfaces by V12 (CNA). The report shows there were no predisposing environmental factors. Predisposing physiological factors include left hemiparesis, lower extremity weakness, and reduced range of motion. The report continues to show the predisposing situation factors were "unsafe transfer without assist."</p> <p>On April 14, 2022, at 12:01 PM, V12 (CNA) said, "[R8] was having his room changed the day he fell (April 5, 2022) because his roommate and he were having disagreements, I believe. It was in the middle of lunchtime, and we were getting food ready for all the residents, and they were telling me to get him ready to go because the person that was switching rooms with him was on the way to the room already. Everyone was busy passing trays and helping, so I went in and tried</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>to transfer him quickly and by myself. I was getting ready to transfer him by myself, and he fell. That was the first time I cared for him in quite a while. I'm a permanent CNA on that floor, but I have not cared for [R8] in a long time. I did not check his transfer status. I didn't think to. He was supposed to be transferred with a two-person mechanical lift. I didn't think about checking his transfer status, and I didn't think about asking the nurse. I just wanted to get him from the bed to the wheelchair and to his new room before the other resident got there. I tried to lift him to a standing position by myself, and he slipped down to the floor. I realized when he was on the floor, this wasn't the right way to transfer him. After the situation I realized I messed up. They used to post a paper on the inside door of the resident's closet showing the resident's transfer status. I didn't even think about looking at it."</p> <p>On April 14, 2022, at 11:31 AM, V15 (NP-Nurse Practitioner) said, "[R8] has a left humerus fracture caused by the fall he had on April 5, 2022. That's his bad side. He has no strength in his left arm. He cannot hold onto a staff member or assist with a transfer between surfaces due to the weakness on his left side and inability to use his left arm. He has full cognitive function and safety awareness, but he was trying to not rock the boat and went with the flow and let the CNA transfer him inappropriately. His arm fracture was caused by this fall and the inappropriate transfer by facility staff."</p> <p>On April 14, 2022, at 1:09 PM, V1 (Administrator) and V2 (DON-Director of Nursing) said R8's fall with fracture was caused by improper transfer and R8 should have been transferred using a mechanical lift device and two staff members.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>2. On April 13, 2022, at 9:24 AM, R6 was sitting in his bed while the nurse administered his medications. R6 had just finished eating breakfast. R6 was not able to answer questions regarding his fall in February 2022 due to his cognitive status.</p> <p>The EMR shows R6 was admitted to the facility on October 2, 2022, with multiple diagnoses including, cerebral palsy, UTI (Urinary Tract Infection), norovirus, unsteadiness on feet, lack of coordination, abnormal posture, left hand contractures, hypertension, anemia, major depressive disorder, dementia without behaviors, cerebral infarction, Alzheimer's disease, and diabetes.</p> <p>R6's MDS dated March 9, 2022, shows R6 has severe cognitive impairment, requires supervision with eating, is totally dependent on facility staff for bathing, and requires extensive assistance with all other ADLs including bed mobility and transfers between surfaces.</p> <p>R6's care plan, initiated January 11, 2022, shows R6 is at high risk for falls related to current medication use, poor safety awareness, unsteady gait, disease process cerebral palsy, anemia, weakness and dementia.</p> <p>R6's care plan for ADL self-care performance deficit and impaired mobility, initiated October 4, 2021, shows multiple interventions dated October 4, 2021, including, "[R6] requires mechanical sit-to-stand lift with 2-person assist for transfer."</p> <p>R6's fall risk assessments dated June 19, 2021, and February 16, 2022, show R6 is a high risk for falls.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>The facility's fall investigation for R6, dated February 16, 2022, shows the following: "Incident Description: At 6:20 PM, notified by CNA that resident on the floor. Resident was observed sitting position next to his bed. Per CNA, "The wheelchair rolled back while I was assisting him to stand. I got him to the edge of bed, but he started moving and sliding down. Couldn't get to the wheelchair and secure him at same time, so I eased him to the floor." Resident wheelchair was locked and wearing non-skid socks."</p> <p>V16 (LPN-Licensed Practical Nurse) documented on February 16, 2022, at 11:08 PM, "At 6:20 PM, notified by CNA that resident on the floor. Resident was observed sitting position next to his bed. Per CNA, "I was putting him to bed, got him to the edge of bed, he started moving and was about to fall off. I couldn't get to wheelchair and secure him at same time, so I eased him to the floor." Nursing documentation continues to show R6 did not sustain any injuries.</p> <p>On April 14, 2022, at 1:09 PM, V2 (DON-Director of Nursing) said, "[R6's] fall was due to improper transfer. The CNA should have been using a sit-to-stand mechanical lift with another staff person present. She did not use the mechanical lift and was attempting to transfer the resident by herself."</p> <p>3. On April 14, 2022, at 11:14 AM, V14 (CNA) transferred R2 from the wheelchair to her bed. V14 looked around R2's room for a gait belt. R2 said, "I've never seen a gait belt in my room, and no one has ever used a gait belt on me, except during therapy sessions. V14 was unable to locate a gait belt to use for R2's transfer. V14 proceeded to place his hands under R2's armpits</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>and lifted the resident to a standing position next to her wheelchair. Once R2 was in the standing position, facing the bed, V14 held onto R2's hands and asked R2 to pivot before assisting R2 to a sitting position. Multiple times during the transfer, R2 said, "I'm scared, I don't want to fall."</p> <p>The EMR shows R2 was admitted to the facility on March 4, 2022. R2 has multiple diagnoses including, heart failure, weakness, unsteadiness on feet, lack of coordination, abnormal posture, anxiety disorder, major depressive disorder, cardiomyopathy, and dementia.</p> <p>R2's MDS dated April 1, 2022, shows R2 is cognitively intact, requires extensive assistance for transfers between surfaces, and has a functional limitation in range of motion, with impairment on one side of her upper body. R2's MDS continues to show R2 had one fall since her admission to the facility and did not sustain an injury due to the fall.</p> <p>R2's care plan for ADL self-care performance deficit with interventions, initiated March 4, 2022, shows, "Transfer: [R2] requires extensive staff participation with transfers."</p> <p>R2's fall risk assessment dated April 1, 2022, shows R2 is a high risk for falls.</p> <p>On April 14, 2022, at 10:47 AM, R2 said she fell in the shower at the facility in mid-March 2022. R2 said, "I was sitting on the shower chair in the shower. We were finished with the shower, and the CNA pulled on the shower chair from the front of the chair. The whole chair tipped forward and I fell right out of the chair onto the wet floor. I was unable to stand up with just the one CNA, so someone else had to come and help me stand."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
BELLA TERRA LOMBARD

STREET ADDRESS, CITY, STATE, ZIP CODE
**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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>On April 14, 2022, at 1:09 PM, V2 (DON) said, facility staff should use a gait belt when transferring R2 from the wheelchair to the bed.</p> <p>Facility documentation dated March 13, 2022, shows, "At around 07:13 AM, CNA reported that resident was sitting in the shower chair, and she was drying the resident when the chair moved, and resident slid forward. CNA was able to catch resident, but she was not able to bear residents weight and assisted her down to the floor. CNA then informed this writer. Resident was immediately assessed, no injury noted upon assessment. Resident did not hit her head. She is able to move all of her extremities within her normal limits. Resident was assisted back to the shower chair with 2-assist. Then back to her room and back to her bed."</p> <p>The facility's policy entitled Gait Belt, revised on July 28, 2021, shows: "Policy Statement: The facility will use gait or transfer belts to assist residents needing limited to total assistance during transfers and walking. Procedures: 1. Staff will use a gait/transfer belt on residents who need limited to total assistance with transfer or walking. 2. 1-2 staff might also assist a resident while using a gait belt during transfers and ambulation. 3. Residents who need extensive to total assistance of 1 or more staff might also need the aid of a mechanical lift transfer. 4. If a mechanical lift is used on a resident, 2 staff members are needed during the procedure."</p> <p>The facility's policy entitled Mechanical Lift Transfers, revised on July 28, 2021 shows: "Procedures: ...5. There will always be 2 staff to assist resident. One staff will control the lift as the other will guide resident and support back and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA LOMBARD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 neck to transfer surface." (A)	S9999		