

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>07/18/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bella Terra Morton Grove                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8425 Waukegan Road<br>Morton Grove, IL 60053 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                 |
| F 0635<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to not follow their Facilities Physician Orders Policy to ensure all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's order and failed to ensure to follow physician orders as it is written in the POS (physician order summary). This failure affected 1 resident (R8) out of 3 residents (R4 and R9) reviewed for Quality of Care/Treatment. Based on interviews and record review, the facility failed to not follow their Facilities Physician Orders Policy to ensure all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's order and failed to ensure to follow physician orders as it is written in the POS (physician order summary). This failure affected 1 resident (R8) out of 3 residents (R4 and R9) reviewed for Quality of Care/Treatment. On 7/17/2026 at 3:01PM, V10 stated it was reported to V10 on 6/8/2026 by the hospital nurse, R8 was having a dose of IV antibiotic for R8s bacterial meningitis, around 5:00PM before they transferred R8 to the facility. R8s next dose at the facility should have been around 9:00PM on 6/8/2026 because the medication Ampicillin IV is ordered every 4 hours. R8 did not get her medication that night on June 8, 2026. On 7/15/2026 at 1:56PM V3 (Director of Nursing/DON) stated R8 did not receive R8s scheduled Intravenous (IV) antibiotic medication as ordered by the physician on June 8, 2026, and June 9 2026 because the facility did not have R8s IV medication. On 7/17/2026 at 10:32 AM V14 (Infectious Disease Physician) stated R8 should have received R8s scheduled IV medication at the Nursing Facility but R8 did not. Record Review of R8s Hospital After Visit Summary dated 6/8/2026 documents medication list R8s last dose of Ampicillin 2 g, was administered on June 8, 2026, at 4:58PM. Ampicillin 2g injection into the vein every 4 hours for 31 doses through 6/13/2026. Record review of facilities census list for R8 actual admission on [DATE] at 7:00PM. Record review of facilities Physician Order Summary Report (POS) for R8 documents, Ampicillin Sodium Injection Solution Reconstituted 2GM (Ampicillin Sodium) Use 2 gram intravenously every 4 hours for bacterial meningitis; Sepsis, for 31 days, Administrations order date 6/8/2026, start date 6/9/2026. Record reviewed of R8s Medication Administration Record (MAR) documents June 2026- Ampicillin Sodium Injection Solution Reconstituted 2 gram intravenously every 4 hours for bacterial meningitis for 31 Administrations- Start Date 06/09/2026 2:00AM. June 9, 2026, times 2:00 AM, 6:00 AM, 10:00AM, 2:00PM documents NN indicating=Other/see progress notes. Record review of R8s progress note 6/9/2026 2:38AM and 6/9/2026 at 6:34AM Medication Administration Note Documents Ampicillin Sodium Injection Solution Reconstituted 2 GM- new admission- medication on order. 6/9/2026 09:03AM and 6/9/2026 at 1:01PM Medication Administration Note Documents Ampicillin Sodium Injection Solution Reconstituted 2 GM- On order. Policy and Procedures Titled: Physician Orders revised 7/8/2026 Policy statement: It is the policy of this facility to ensure that all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's order. The (continued on next page)</p> |                                                                                           |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145198                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>07/18/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bella Terra Morton Grove                                                                       |                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8425 Waukegan Road<br>Morton Grove, IL 60053 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                  |                                                                                           |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                        |                                                                                           |                                                 |
| F 0635<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | facility shall ensure to follow physician orders as it is written in the POS (physician order<br>summary).Procedures: Physician orders will be carried out at a reasonable time. |                                                                                           |                                                 |