

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Bella Terra Morton Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 8425 Waukegan Road 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview and record review the facility failed to implement intervention to prevent skin impairment to residents who is at high risk for developing pressure ulcer. This deficiency affects two (R64 and R107) of three residents in the sample of 30 reviewed for Pressure Ulcer Prevention Program.</p> <p>Findings include:</p> <p>1. On 4/16/24 at 10:59AM, Observed R107 lying in bed. Bilateral heel protectors are place on top of the bedside dresser. Called V5 Registered Nurse (RN) and showed observation made. V5 said that bilateral heel protectors should be placed while he is on bed to prevent pressure ulcer. V5 said that the CNA (Certified Nurse Assistant) is responsible for applying the heel protector.</p> <p>On 4/17/24 at 9:47AM, V31 CNA said that he is assigned CNA for R107 yesterday and today during 7-3 shift. V31 said that R107 should have bilateral heel protector at all times. Informed V31 on above observation made. V31 said that he probably just forgot to place the bilateral heel protectors.</p> <p>On 4/18/24 at 9:13AM, Observed R107's bilateral heel with V11 CNA and V32 CNA. Noted blanchable redness on right heel.</p> <p>On 4/19/24 at 10:00AM, V23 Wound care nurse said that one of the measures they implement to prevent pressure ulcer development is application of bilateral heel protector. V23 said that R107 is at risk for developing pressure ulcer. Informed above observation made.</p> <p>R107 is admitted on [DATE] with diagnosis listed in part but not limited to Multiple Sclerosis, Altered mental status, Demyelinating disease of the central nervous system, Gastrostomy status. Care plan indicates that he is at risk for skin breakdown related to Multiple Sclerosis, Demyelinating disease of central nervous system, history of fracture navicular bone of right wrist, Immune mechanism, Anorexia, Restlessness and agitation, Anemia, and other complication of surgical and medical care. Intervention: Off load heel as ordered. He has ADL (Activity of daily living) self-care performance deficit and impaired functional mobility.</p> <p>R64</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 4/16/24 at 11:15AM, Observed R64 lying in bed. Bilateral heel protector was placed on top of the refrigerator. Called V5 RN (registered nurse) and showed observation made. V5 said that bilateral heel protector should be applied on while she is on bed to prevent pressure ulcer.</p> <p>On 4/17/24 at 9:27AM, Observed R64 lying in bed. Bilateral heel protector was placed on top of the refrigerator.</p> <p>On 4/17/24 at 9:47AM, V11 CNA said that she is the assigned CNA for R64 yesterday and today for 7-3 shift. V11 said that bilateral heel protector is applied while the resident on bed. Informed V11 that R107 was observed for 2 days that she did not have bilateral heel protectors while on bed.</p> <p>On 4/19/24 at 10:00AM, V23 Wound care nurse said that one of the measures they implement to prevent pressure ulcer development is application of bilateral heel protector. V23 said that R64 is at risk for developing pressure ulcer. Informed above observation made. V23 said that R64 refuses heel protector during mealtime.</p> <p>R64 is admitted on [DATE] with diagnosis listed in part but not limited to Polyosteoarthritis, Rhabdomyolysis, Moderate protein-calorie malnutrition, anxiety disorder. Skin evaluation/Braden scale assessment dated [DATE] indicates that's core of 11 indicates at high risk for skin impairment. Care plan indicates she is skin breakdown related to history of pressure ulcers, fragile skin, immobility, multiple comorbidities, moderate protein-calorie malnutrition, acute kidney failure, Osteoarthritis, asthma, cognitive communication deficit, anxiety, pulmonary fibrosis. Intervention: Off load heels s ordered. Review R64's medical records there is no documentation that she refuses application of heel protectors.</p> <p>Facility's policy on Skin Care Regimen and Treatment Formulary revised 1/24/24 indicates:</p> <p>Policy statement: It is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate treatment for residents with skin breakdown.</p> <p>Procedure:</p> <p>b. Pressure injuries:</p> <p>Stage 1: Relieve are from pressure</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based in observation, interview and record review the facility failed to follow physician order and implement care plan intervention to apply hand splint and palm protector to a totally dependent resident who has contractures on affected hands. The facility also failed to accurately complete resident restorative assessment reflecting resident's condition. This deficiency affects two (R10 and R107) of three residents in the sample of 30 reviewed for Restorative program.</p> <p>Findings include:</p> <p>1. On 4/16/24 at 11:21AM, Observed R10 lying in bed. Noted hand splint placed over the florescent light cover above the bed. Observed left hand inversion flexion contraction while the right hand /elbow in flexion position. Called V5 Registered Nurse (RN) and showed observation made. V5 said that V24 Restorative Aide (RA) is responsible for applying the resident splint in this unit.</p> <p>On 4/17/16 at 9:34AM, Observed R10 lying in bed with V25 Family member at bedside Still noted hand splint placed over the florescent light cover above the bed. V25 said that R10's left hand splint is filthy, worn out, the 2 straps attachment does not adhere to the Velcro. R10 said that R10's left hand splint is severely contracted, and they need to evaluate for new hand splint. V25 said that R10's right hand starting to get contracted, and the facility is not doing anything about it.</p> <p>Review R10's medical records. R10 is admitted on [DATE] with diagnosis listed in part but not limited to Contracture left hand, Dementia/Alzheimer's disease. Active physician order sheet indicates Left hand splint should be worn: May wear during the day. Remove for careful hand washing and skin care. Check for skin irritation. Wear sleeve under the splint. Restorative assessment dated [DATE] completed by V19 Restorative Nurse indicates: II Range of Motion (ROM) marked no to question Does the resident display limitation in ROM in any of the following areas?- head and trunk, right shoulder, left shoulder (in flexion, extension and abduction), right elbow, left elbow (flexion and or extension), right wrist and hand, left wrist and hand (flexion and or extension), right hip, left hip, right knee and left knee, right ankle/foot and left ankle/foot. III Range of motion program. Marked yes for question Is the resident on Active ROM program? Location being ranged? Bilateral upper and lower extremities (BUE (bilateral upper extremities)/BLE (bilateral lower extremities)). Marked No for Passive ROM. Narrative summary: Annual restorative assessment: R10 is an [AGE] year-old female long-term resident, with diagnosis of Diabetes Mellitus type 2, left hand contracture, Acute kidney failure dementia, incontinent of Bladder and Bowel, 2 persons in transfer via mechanical lift, using (high back reclining wheelchair) chair, on Restorative program of AROM of BUE/BLE at least 15 minutes 5-6 minutes a week, dressing/grooming daily. No care plan formulated regarding Restorative program. Restorative program log from 4/10/24 to 4/16/24 indicates no application of left-hand splint.</p> <p>R10's Occupational Therapy (OT) Discharge Summary date of service 1/10/23 to 2/6/23 indicated discharged reason: highest practical level achieved. Left wrist flexed at 70-90 degrees. R10 able to tolerate left upper extremity (LUE) cock up splint to tolerate neutral position. discharged recommendation to Restorative program for restorative splint and brace program. R10's OT functional maintenance program recommendation dated 2/6/23. Splints: Recommended LUE wrist brace/support to encourage finger movements. Don brace/support for 4 hours as tolerated. Check hand hygiene skin integrity.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/17/24 at 9:53AM, V19 Restorative Nurse said that R10 left hand splint was discontinued. Informed V19 that R10 has active order for left hand splint.</p> <p>On 4/17/24 at 12:35PM, V24 Restorative Aide said that he did not apply R10's left hand splint because it was discontinued since [DATE] or [DATE].</p> <p>On 4/17/24 at 1:38PM, V3 DON (Director of Nursing) presented R10's medical record from orthopedic visit dated 12/14/22 that R10 needed to wear left hand splint.</p> <p>On 4/18/24 at 12:13PM, Discussed above concerns with V3 DON and V19 Restorative Nurse of not following physician order to left apply hand splint to contracted left hand, V19 inaccurately completed R10's restorative assessment reflecting her condition and no care plan formulated regarding Restorative program for left hand contractures. Review R10 medical records with V3. Informed both V3 and V19 of V25 Family member concerns regarding R10's left hand contractures and right-hand impairment leading contractures. V3 said that she will refer R10 to occupational therapist.</p> <p>On 4/18/24 at 2:2PM, V3 DON presented copy of R10 care plan restorative care plan that V19 Restorative Nurse discontinued when she completed R10's Restorative assessment inaccurately dated 4/3/24.</p> <p>On 4/19/24 at 9:40AM, V3 DON presented R10's OT evaluation dated 4/1/8/24 indicates: Right upper Extremity (RUE) ROM- impaired (Noted increase in RUE muscle tone on right hand and may lead to contractures and deformity). Left upper extremity (LUE) ROM- impaired (noted significant flexion contractures on LUE with more that 75% elbow flexion contractures, 80-90% wrist and fingers flexion contractures.)</p> <p>2. On 4/16/24 at 10:59AM, Observed R107 lying in bed without the bilateral palm splint on. Called V5 RN and showed observation made. She said that V24 Restorative Aide (RA) is responsible for applying the resident splint in this unit.</p> <p>On 4/17/24 at 9:47AM, V11 CNA (Certified Nurse Assistant) and V31 CNA said that V24 RA is the one responsible for applying left hand splint for R10 and bilateral palm splint/protector for R107.</p> <p>On 4/17/24 at 12:35PM, V24 Restorative Aide (RA) said that he is responsible for applying the bilateral palm splint/protector for R107. Informed V24 of above observation made to R107 that he was not wearing his bilateral palm splint /protector yesterday (4/16/24). V24 denied observation made by 2 surveyors and V5 RN.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R107 is admitted on [DATE] with diagnosis listed in part but not limited to Multiple Sclerosis, Altered mental status, Demyelinating disease of the central nervous system, history of fracture navicular bone of right wrist, Gastrostomy status. Restorative assessment dated [DATE] completed by V19 Restorative Nurse indicates: II Range of Motion (ROM). Marked yes for limitation in ROM of the following areas: right shoulder, right elbow, right wrist, and hand, left shoulder, left elbow, and left wrist and hand. III ROM program. Marked yes for Passive ROM. VIII Restorative Programs: C. Splint or brace assistance. Narrative summary: R107 is at his functional baseline, long term care (LTC) resident, a [AGE] year-old male: Alert, nonverbal, responds only to painful stimuli. Weakness with functional limitations in ROM noted to all extremities. Bilateral hand splints/hand protectors, requiring extensive assistance to total x 102 assist staff support for all ADL (Activity of Daily Living) needs secondary to physical limitations and cognitive impairments. Care plan indicates he has ADL self-care performance deficit and impaired functional mobility. On a splint and or brace assistance program (bilateral hand/palm protector to both hands) to prevent digging of palm. He may require bilateral palm protector to prevent digging of hands. Intervention: Nursing Rehab assistance with palm protector to both hands, may apply after morning care for at least 4 hours as tolerated, may remove for ADL care, exercise, skin checks every 2 hours as needed. He has ADL self-care performance deficit related Multiple Sclerosis, Weakness with functional limitations in ROM noted to all extremities, bilateral hand splints in place. Intervention: Restorative assistance with splint or brace: bilateral hand splints to be applied by staff at all times, may remove for ADL care, ROM and skin checks every 2 hours and as needed. Restorative program log from 4/10/24 to 4/16/24 indicates no application of bilateral hand splint/palm protector to both hands.</p> <p>Facility's policy on Restorative Nursing Program Revised 7/28/23 indicates:</p> <p>Policy statement: to assess for comprehensive nursing and restorative needs upon admission.</p> <p>Procedures:</p> <p>3. Nursing and Restorative Services may include the following:</p> <p>c. Contracture Prevention and Management</p> <p>ii Splint/orthotic management</p> <p>4. Nursing and Restorative services shall be reflected in the resident's individualized care plan consistent to the completion of the resident comprehensive assessment.</p> <p>6. Restorative Programs shall be reflected and indicated in the resident's electronic restorative log in order to document the provision of services and the frequency by the nurses, CNAs and or restorative aides.</p> <p>Facility's policy on Physician orders revised date 7/28/23 indicates:</p> <p>Policy statement: to ensure that all residents/patient medications, treatment and plan of care must be in accordance to the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the POS (physician order sheet).</p> <p>Procedures:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9. Provision of care, treatment and services administered by the facility to the patient must be approved by the attending physician unless these treatment and services are governed by the facility's clinical policy and procedures as approved by the medical director.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview and record review the facility failed to ensure safe keeping of resident's smoking materials when not being used. This deficiency affects one (R84) of two residents in the sample of 30 reviewed for Safe Smoking policy.</p> <p>Findings include:</p> <p>On 4/17/24 at 9:37AM, Observed R84 lying on bed. He is alert, oriented and can verbalized needs to staff. R84 said that he smokes outside the building 2-3 times a day. He goes out to smoke without assistant from the staff. He said that he keeps his cigarette and lighter with him as he shows to the surveyors. Observed resident took his pack of cigarette and lighter from his jacket.</p> <p>On 4/17/24 at 12:29PM, Informed V3 Director of Nursing (DON) of above observation. V3 said that the floor nurse keeps the resident's cigarette and lighter for safe keeping in medication cart. The nurse gives to the resident when they go for smoke. The resident should not keep the cigarette and lighter for safety.</p> <p>On 4/17/24 at 3:17PM, V18 Agency RN said that they keep R84's cigarette and lighter in the medication room and give to the him when he goes to smoke. Informed V18 of above observation. V18 realized that R84 did not ask for his cigarette and lighter. V18 said that R84 is smoker and usually ask his cigarette and lighter during the shift. V18 went to medication room to look for R84's cigarette and lighter and found that the plastic pouch is empty. V18 said that she did not provide R84's cigarette and lighter and the night shift did not endorse to her that R84 has his cigarette and lighter with him. V18 said that he probably had his cigarette and lighter since yesterday.</p> <p>R84 is admitted on [DATE] with diagnosis listed in part but not limited to Nicotine dependence cigarettes, Acute pulmonary edema, Chronic Obstructive Pulmonary disease, Dependence on Renal dialysis.</p> <p>Facility's policy on Smoking Revised 7/28/23 indicates:</p> <p>Policy statement: to monitor and assess residents that smoke to promote smoking in a safe manner.</p> <p>Procedures:</p> <p>2. Facility staff may keep the resident's smoking materials when not being used by the resident.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview and record review the facility failed to position resident in fowler's position at all times while infusing enteral feeding and failed to hold enteral feeding administration during incontinence care. This deficiency affects one (R107) of three residents in the sample of 30 reviewed for Enteral Tube Feeding Care.</p> <p>Findings include:</p> <p>On 4/18/24 at 9:13AM, Observed V11 CNA (Certified Nurse Assistant) and V32 CNA performing incontinence care with R107. Observed R107 on flat right side lying position. R107 has gastrostomy tube connected to Jevity 1.5 tube feeding in progress at 65ml/hr (milliliters/hour).</p> <p>On 4/18/24 at 9:30AM, Informed both V11 CNA and V32 CNA of above observation made. V32 said that she thought the nurse turn off the feeding tube. V32 said that she usually does not touch the resident feeding machine. V11 said that R107's tube feeding should be off before they positioned the resident flat on bed for incontinence care. She thought V11 turned off the tube feeding.</p> <p>On 4/18/24 at 9:36AM, Informed V5 Registered Nurse (RN) of above observation made. V5 said that the tube feeding should be off when CNAs are performing incontinence care. R107 should not be on flat position when the enteral feeding is on. V5 said that the CNAs did not inform her that they will provide incontinence care to R107 so she can turn off the tube feeding machine. V5 went to R107's room to turn off the tube feeding.</p> <p>On 4/18/23 at 10:22AM, Informed V3 DON (Director of Nursing) of above observation made. V3 said that the CNA should informed the nurse before performing incontinence care so the nurse can turn it off. R107 should not be in flat position while the tube feeding is running. Feeding tube should be held during incontinence care.</p> <p>R107 is admitted on [DATE] with diagnosis listed in part but not limited to Multiple Sclerosis, Altered mental status, Demyelinating disease of the central nervous system, Gastrostomy status. Active physician order sheet indicates Enteral feeding tube type: G-tube, Jevity 1.5 65ml/hr x 16 hours start at 8pm and infuse until 1040 is reached per day. Turn off during ADLs (Activity of Daily Living) and PRN (as needed). Aspiration precautions: Elevate head of bed while on feeding. Turn enteral tube feeding off for ADLs.</p> <p>Policy statement:</p> <p>Enteral tube is an avenue of feeding and hydration nutritional support via gastrostomy route.</p> <p>Procedure:</p> <p>9. Resident on enteral feeding must be positioned in fowler's position at all times while the feeding is running. Feeding administration must be held during routine nursing care and repositioning.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>40066</p> <p>Based on interviews and records reviewed the facility failed to document the reason why the dose reduction is contraindicated for one resident (R126) of an antidepressant medication. This failure affected one resident of two reviewed for psychotropic medications on the sample of 30.</p> <p>The findings include:</p> <p>R126 diagnosis include but are not limited to Toxic Encephelopathy, Cerebrovascular Disease, Major Depressive Disorder, and Complications of Heart Transplant. R126's admitted d is 6/13/23.</p> <p>On 4/18/24 at 1:17PM The surveyor asked V14, Psychotropic Nurse, the reason R126 has not had a Gradual Dose Reduction (GDR) attempted. V14 presented R126 notes and said she (V28 Nurse Practitioner) forgot to click a reason on the note. V14 said R126 will get a dose reduction today, after V28 sees him. V14 said GDRs are reviewed quarterly and if they are contraindicated, then they should have a note to specify the reason the reduction is contraindicated. V14 said the purpose of GDRs are to try to decrease medications. The surveyor asked V14 if a GDR can help determine if a medication is needed, V14 said yes.</p> <p>Review of R126 physician orders for April 2024 note Sertraline HCl Oral Tablet 100 MG once per day.</p> <p>Review of R126's progress notes dated 6/28/23, 9/11/23, and 1/30/24 document a dose reduction is not indicated and is contraindicated. However, the reason for contraindication is not documented or indicated by V28.</p> <p>Review of R126's April 2024 Medication Administration Record notes R126 is being administered daily.</p> <p>The facility policy dated 7/24/23 in part states, if no gradual dose reduction (GDR) was done, there should be a psychiatric note why gradual dose reduction is contraindicated specifically saying that the GDR is contraindicated because it increased the target behavior or that the psychiatrist had documented the rationale that GDR is likely to impair resident's function and increase the distress behavior. Make sure there is an annual GDR after the 1st year.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>39781</p> <p>Based on observation, interview and record review the facility failed to ensure daily refrigerator temperature checks were completed. This deficiency affects two (R10 and R64) of three residents in the sample of 30 reviewed for Resident safe food storage.</p> <p>Findings include:</p> <p>On 4/16/24 at 11:14AM, Observed R64's refrigerator monitoring temperature log was not done this morning. Observed 4 bottles of supplemental drink (Boost), 2 cartons of supplemental milk and condiments. Called V5 Registered Nurse (RN) and showed observation made. V5 said that housekeeping aide is the one monitoring and recording the resident's refrigerator temperature daily. V5 read the actual refrigerator thermometer reading at 40F (Fahrenheit).</p> <p>On 4/16/24 at 11:21AM, Observed R10's refrigerator monitoring temperature log was not done on 4/15/24 and this morning. Observed 4 carton of juice, slices of bread in plastic, 1 container of yogurt, 1 bottle of maple syrup and 2 containers of food. Called V5 Registered Nurse (RN) and showed observation made. V5 said that housekeeping aide is the one monitoring and recording the resident's refrigerator temperature daily. V5 read the actual refrigerator thermometer reading at 40F.</p> <p>On 4/16/24 at 12:35PM, Informed V3 Director of Nursing (DON) of above observation made. V3 said that the house keeping aide or maintenance is the one responsible for monitoring and recording the resident refrigerator daily.</p> <p>On 4/18/24 at 9:45AM, V20 Housekeeping Aide said that she is assigned to the unit where R10 and R64 resides. She said that she is responsible for monitoring and recording daily resident refrigerator inside their room. Informed above observation made on 4/17/24. V20 said that she probably forgot to document resident's refrigerator temperature inside their room.</p> <p>Facility's policy on Food from the outside revised 7/28/23 indicates:</p> <p>Policy: The facility will comply with sanitary food practices in storing, handling and consumption of food brought by family and visitors from the outside of the facility.</p> <p>Procedure:</p> <p>2. If refrigeration is required, the food items will be placed inside the refrigerator.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Bella Terra Morton Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 8425 Waukegan Road 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39781</p> <p>Based on observation, interview and record review the facility failed to perform hand hygiene during incontinence care. This deficiency affects one (R107) of three residents in the sample of 30 reviewed for Infection control protocol.</p> <p>Findings include:</p> <p>On 4/18/24 at 9:13AM, Observed V11 CNA (Certified Nurse Assistant) and V32 CNA performing incontinence care with R107. V32 cleansed fecal matter off of R107's sacral area while V11 was holding R107 on left siding position. After cleaning the fecal matter, V32 took clean disposable adult brief and applied to R107. V32 removed the soiled linens and gave it to V11. V11 placed the soiled linens to plastic bag. V11 removed her gloves and donned new pair of gloves without hand hygiene. After applying clean linen to R107's mattress, V32 removed gloves and donned new pair of gloves without hand hygiene.</p> <p>On 4/18/24 at 9:30AM, Informed both V11 CNA and V32 CNA of above observation. V32 said that it is not necessary to change gloves after cleaning fecal matters from the rectal area. She can change gloves after the incontinence care procedure. V11 said that they need to change gloves after handling fecal or contaminated matters before handling clean object. V11 said that they have to perform hand hygiene after removing gloves or before donning new pair of gloves.</p> <p>On 4/18/23 at 10:22AM, Informed V3 DON (Director of Nursing) of above observation made. V2 said that the CNA should remove gloves and perform hand hygiene after removing fecal matter from rectal areas and cleaning before handling disposable adult brief and linens. The CNA should perform hand hygiene after removing soiled gloves or before donning clean pair of gloves.</p> <p>Facility's policy on Hand hygiene revised 7/28/23 indicates:</p> <p>Policy statement: Hand hygiene is important in controlling infections. Hand hygiene consists of either hand washing or the use of alcohol gel. The facility will comply with the CDC guidelines in regard to hand hygiene.</p> <p>Procedures:</p> <p>1. Hand hygiene using alcohol-based hand rub is recommended during the following situations:</p> <ul style="list-style-type: none"> g. Before moving from work on soiled site to a clean body site on the same resident. h. After contact with blood, body fluids or surfaces contaminated with blood and body fluids. <p>2. Hand washing with soap and water for at least 20 seconds is recommended during the following situations:</p> <ul style="list-style-type: none"> a. When hands are visibly soiled. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy on Incontinence and Perineal care revised 7/28/23 indicates:</p> <p>Policy statement: to provide perineal care to ensure cleanliness and comfort to the resident, to prevent infection and skin irritation and to observe the resident's skin condition.</p> <p>Procedures:</p> <p>9. Put on new set of clean gloves to put on clean briefs/incontinent pads, to make resident comfortable, groom and change clothing.</p>