

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terra Bloomingdale		STREET ADDRESS, CITY, STATE, ZIP CODE  165 South Bloomingdale Road Bloomingdale, IL 60108	

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 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>45540</p> <p>Based on observation, interview, and record review the facility failed to provide feeding assistance for a resident with a dysphagia diagnosis, requiring 1 to 1 feeding assistance. This applies to 1 of 4 (R1) residents reviewed for feeding assistance reviewed for safety supervision in the sample of 7.</p> <p>The findings include:</p> <p>On 10/2/2024 at 12:18PM, R1 was observed at lunch with a mechanical soft tray and thickened liquids in front of him. R1 was observed reaching for and drinking the thickened liquids on the tray. V6 Activity Director was observed sitting at the end of the lunch table R1 was eating at.</p> <p>On 10/2/2024 at 12:20PM, V6 said she was not qualified to feed residents.</p> <p>On 10/2/2024 at 12:15PM, V5 Certified Nursing Assistant (CNA) said R1 had refused lunch. V5 said she left [R1's] tray in front of him at the lunch table.</p> <p>On 10/2/2024 at 1:39PM, V2 Director of Nursing (DON) said resident's requiring 1:1 feeding assistance should be helped by a CNA, nurse, or speech therapy. V2 said a tray should not be left in front of a resident requiring 1:1 feeding assistance without staff present.</p> <p>R1's Admission Record dated 10/2/2024 lists a medical diagnosis of Dysphagia, Oropharyngeal Phase.</p> <p>R1's Order Summary Report dated 10/2/2024 lists Regular Diet Mechanical Soft texture, Nectar Thick Liquid Consistency, allow thin water and ice chips between meals. 1:1 assistance, active as of 9/27/2024.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45540</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review the facility failed to follow dietary orders for a resident. This applies to 1 of 4 (R1) residents reviewed for special diets in the sample of 7.</p> <p>The findings include:</p> <p>On 10/2/2024 at 10:49AM, R1 was observed sitting up in his chair near the nursing station with thickened water in his hand taking sips. R1 was alert awake and looking around the hallway. R1 took a couple small sips of the water and asked his nurse V4 Licensed Practical Nurse (LPN) for cold water. V4 returned with cold water for the resident and handed him what appeared to be thickened water. V4 took a couple sips from the new cup. No thin liquids were observed.</p> <p>On 10/2/2024 at 10:49AM, V4 stated she gave [R1] thickened liquids.</p> <p>On 10/2/2024 at 11:11PM, V11 Speech Therapist (ST) said [R1] was evaluated by him on 9/24/2024. V11 said [R1's] hospital video swallow from the week prior (9/16/2024) did not show aspiration, however, [R1] was coughing on honey thick liquids during his evaluation of the resident at the facility. V11 said [R1] was kept on thickened liquids due to possible aspiration risk. V11 said there was a care conference with [R1's] family this past Friday (9/27/2024) and they expressed concerns over the thickened liquids. V11 said they agreed on thin liquids and ice chips between meals for R1 to promote hydration due to him being at risk for dehydration.</p> <p>On 10/2/2024 at 2:45PM, V1 Administrator said she was at [R1's] care conference on Friday with his family. V1 said they did agree on water and ice chips between meals with supervision if the resident was awake and alert.</p> <p>On 10/2/2024 at 1:39PM, V2 Director of Nursing (DON) said speech therapies recommendations should be followed.</p> <p>R1's Order Summary Report dated 10/2/2024 lists Regular Diet Mechanical Soft texture, Nectar Thick Liquid Consistency, allow thin water and ice chips between meals. 1:1 assistance, active as of 9/27/2024.</p>		