

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145638                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/11/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bella Terra Bloomingdale                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>165 South Bloomingdale Road<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                 |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to protect a resident from abuse. This failure resulted in R1 experiencing a broken arm after R2 struck R1 with a plate cover. This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 5. The findings include: The facility's Abuse Report Initial Form dated May 22, 2025, at 7:45 PM, by V1 (Administrator) showed On May 22, 2026, RN (Registered Nurse), [V8 (RN)], reported to Administrator, [V1], that resident [R1], reported to him that his roommate, [R2], hit him on the arm with the plate lid from his meal tray. Residents were immediately separated and [R2] was placed on one-to-one supervision. Upon assessment, [R1] was noted with a small abrasion to his left wrist, no other injuries noted. [R1] is not in pain, is in stable condition and not in distress. Attending physician, [V12 (R1's Physician)], and sister of resident were notified. Final report to follow. The facility's Abuse Report Final Form dated May 28, 2026, at 4:00 PM, by V1 showed . Based on interviews of residents and staff, the alleged incident was unwitnessed; however, resident, [R1]'s x-ray resulted in an acute complex fracture of distal ulna (left), as well as a skin tear to wrist/forearm area. The facility's documentation does not show abuse was substantiated. R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including metabolic encephalopathy, displaced fracture of left ulna styloid process, acute kidney failure, and heart failure. R1's MDS (Minimum Data Set) dated April 23, 2026, showed R1 was cognitively intact. The MDS continued to show R1 required maximal assistance with transfers to and from a bed to a wheelchair. R2's EMR showed R2 was admitted to the facility on [DATE], with multiple diagnoses including type 2 diabetes mellitus, adjustment disorder, chronic kidney disease, and heart failure. R2's MDS March 30, 2026, showed R2 was cognitively intact and did not require physical assistance for transfers between surfaces, to walk 150 feet, or to wheel his wheelchair 150 feet. R2's behavior care plan dated May 22, 2026, showed I, [R2], have a history of assaultive behavior, threatening verbalization and/or overt and aggressive acts related ineffective coping and poor frustration tolerance. Symptoms are manifested by being confrontational, argumentative with others or physical aggression toward others. The care plan continued to show multiple interventions dated May 30, 2026, including Intervene immediately if I demonstrate assaultive/aggressive behavior toward self or others. R2's manipulative behavior care plan dated May 29, 2026, showed I, [R2], present with manipulative behavior such as shift-blaming and attempting to avoid responsibility for personal choices and actions. Symptoms are manifested by making false, erroneous or misleading statements/allegations about my roommate. The care plan continued to show multiple interventions dated May 29, 2026, including Ask me to continue to share thoughts and feelings. Discuss with me what these feelings might represent. On June 10, 2026, at 9:37 AM, R1 was lying in bed and had a hard cast on his left forearm. R1 said on May 22, 2026, around 6:00 to 6:30 PM, R1 was watching TV in his room, R1's dinner had just been brought to his room, and R2 asked R1 to turn the volume down on his television. R1 said he told R2 it wasn't too late, and he would turn it down at 7:00 PM. R1 said he just wanted to finish watching his game. R1 said R2 said Turn the f*****g TV down. R1 said R2 came over to R1's bed and picked up the plate cover from R1's dinner (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                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>145638               |
|                                                                          |           | If continuation sheet<br>Page 1 of 3 |

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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>and kept hitting R1 with it. R1 said staff eventually responded and R2 was already back in his bed. R1 said R2 eventually said R1 attacked him with a butterknife but R1 did not pick up his knife. R1 said he just put his arms up to defend himself or R2 would've hit R1 on the head with the plate cover. R1 said he never touched R2. R1 said the facility took an x-ray of his arm and he had a broken bone. R1 said the facility should be protecting R1's safety and R1's safety was compromised. R1 said he had to go to the emergency room on May 23, 2026, when the x-ray results showed R1 had a broken bone. R1 said he had a splint put on and then got a hard cast put on later. On June 10, 2026, at 9:55 AM, R2 said on May 22, 2026, around 6:00 PM, dinner arrived in R2 and R1's room and R1's TV was very loud. R2 said he asked the CNA (Certified Nursing Assistant) to ask R1 to turn it down. R2 said R1 said he wouldn't turn it down and then cussed at R2 and said he would beat R2's a**. R2 said he got in his wheelchair and went over to R1's bedside. R2 said R1 tried to hit R2 with remote and the plate cover then started slashing towards R2 with the butterknife. R2 said he then took R1's tray and threw it on the floor. R2 said the police came and spoke with R2 and R2 was fined \$300. R2 said he should not have gotten out of bed and gone over to R1's bed. The local police department Incident Supplement Report dated May 23, 2026, by V13 (Police Officer) showed R1 told police [R1] stated that he was in bed watching TV that evening and eating his dinner. [R1] stated he has a hard time hearing, so his TV is usually playing loudly, when his roommate asked him to turn it down. [R1] stated that it was only [6:00 PM], so he felt it was not too loud for the time of day, and when he refused to turn the volume down, [R2] stated 'I'll kick your ass.' [R1] then stated [R2] rolled over to him in his wheelchair, picked up a tray cover from the dinner plate, and struck his wrist six to seven times. [R1] stated he then stopped, and he contact the staff. [R1] was treated for an injury to his left wrist, and they did an 'in-house' x-ray, which indicated his wrist was fractured. [R1] does wish to pursue charges over the incident. The report continued to show the police issued R2 a citation for battery against R1. On June 10, 2026, at 11:49 AM, V8 (RN/Registered Nurse) said he was the assigned nurse to R1 and R2 on the evening of May 22, 2026. V8 said he was notified by the CNA that R1 and R2 were fighting. V8 said the CNA used the word fighting. V8 said when V8 arrived in the room, R2 was in his bed by the window and R1 was in his bed by the door. V8 said R1 told V8, R2 hit R1 with the plate cover and R1 had a skin tear on his left arm. V8 said when he asked R2 what happened, R2 just rolled his eyes and said nothing happened. V8 said R2 was sent to the hospital for evaluation due to his behavior. V8 said as R2 was leaving to go to the hospital, R2 was complaining about R1's loud TV and told R1 to turn it down. V8 said R2 then said he went over to R1 and got in his face. V8 said R2 reported R1 picked up his butterknife and told R2 to get out of his face. V8 said R1 was complaining of left arm pain so V8 obtained an order for an x-ray. V8 said the results did not come back on his shift. On June 10, 2026, at 3:44 PM, V9 (CNA) said he was not assigned to R1 and R2 on May 22, 2026, but V7 (CNA) came out of their room and said R1 and R2 were arguing. V9 said he told V7 he would check it out since he has a rapport with both residents and told V7 to get the nurse. V9 said he finished picking up a meal tray from a different resident and then went to R1 and R2's room. V9 said when he got to the room, both residents were in their own beds. V9 said R1 claimed R2 got out of his bed and wheeled over to R1 and hit R1 with the plate cover. V9 said he is more likely to believe R1 over R2 because R2 is known to not like whoever his roommate is. V9 said he went over to R2 and R2 said R1 was crazy and denied hitting R1. V9 said R2 didn't say he was hit by R1 and V9 did not see any marks on R2's hands. V9 said R2 told V9 he didn't get out of bed. On June 10, 2026, at 1:59 PM, V1 said she did not substantiate or unsubstantiate abuse but something happened between the residents. A progress note dated May 22, 2026, by V8 showed Resident was allegedly hit on a forearm with a food plate cover, in the left wrist/forearm area. A small laceration was noted. First aid was performed and applied. No swelling noted at the current time. No other bruising noted. Resident requested an ice pack and ice pack was given. Doctor notified and x-ray was ordered. Emergency contact was notified as well. Resident noted of 2 out of 10 pain later and [acetaminophen] was given. R1's x-ray results dated May 23, 2026, at 6:22 AM, showed Procedure: Left wrist, 3 views. Findings: Acute complex fracture of (continued on next page)</p> |                                                                                                    |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>distal left ulna. The bony mineralization is unremarkable. A change of condition note dated May 23, 2026, 8:21 AM, by V11 (RN) showed 1. The change in condition, symptoms, or signs observed and evaluated is/are: inflammation and bruising to left ulnar. 2. This started on: May 23, 2026. A progress note dated May 23, 2026, at 11:00 AM, by V10 (Nurse Practitioner) showed . He is seen today for nurse reports that patient has complained of left hand pain. He had bruising and swelling, x-ray was ordered which showed fracture of distal ulna. He was sent to emergency room, placed on a soft cast and discharged back to facility. He is seen today laying in bed, he was a sitter by bedside. He reports that he had an altercation with another resident and now has this fracture. On June 11, 2026, 11:26 AM, V12 (R1's Physician) said she was aware of the incident between R1 and R2. V12 said there was an argument between R1 and R2 about the TV, and R1 told R2 to come over and make him turn the volume down. V12 said R2 then went over to R1 and R2 hit R1 with the hard plastic plate cover. V12 said R2 hitting R1 with the plate cover is how R1 sustained the ulnar fracture. V12 said an x-ray was performed on R1's arm and there was a fracture, and R1 was sent to the emergency room for evaluation. V12 said R1 later had a follow up orthopedic appointment and received a hard cast. V12 said R1 has a follow up orthopedic appointment this Friday. V12 said her expectation is residents are free from abuse in the facility. The facility's policy titled Abuse and Retaliation Policy dated January 29, 2026, showed Policy Statement: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven federal components of prevention and investigation. Definitions of Abuse, Neglect, Exploitation, and Abuse Coordinator: Abuse- Abuse is willful infliction of mistreatment, injury, unreasonable confinement, intimidation or punishment. Abuse assumes intent to harm, but inadvertent or careless behavior down deliberately that results in harm may be considered abuse. 1. Physical: Physical abuse includes but is not limited to infliction of injury that occur other than by accidental means and requires medical attention.</p> |                                                                                                    |                                                 |