

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145737	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  Bella Terra Lagrange		STREET ADDRESS, CITY, STATE, ZIP CODE  4735 Willow Springs Road LA Grange, IL 60525	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40798</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' call lights were within their reach for 2 of 4 residents (R3 and R4) reviewed for call lights in the sample of 4.</p> <p>The findings include:</p> <p>On 4/23/24 at 10:58 AM, R3 was sitting in her wheelchair in her room. R3's wheelchair was positioned next to the left side of her bed toward the middle of the bed. R3's call light was wrapped around the upper left side rail which was to the right and behind her. R3 was unable to reach her call light.</p> <p>On 4/23/24 at 11:08 AM, R4 was sitting in her wheelchair in her room watching TV. R4's call light was behind her lying on the night stand. R4 said she uses her call light when she needs to call for help. R4 was unable to reach her call light.</p> <p>On 4/23/24 at 10:41 AM, V3, Licensed Practical Nurse (LPN), said staff keep the residents' call light in reach and residents should always have their call light.</p> <p>On 4/23/24 at 11:18 AM, V4, Certified Nursing Assistant (CNA), said the residents are asked to put on their call light if they need anything. V4 said the residents should have a call light within reach at all times.</p> <p>On 4/23/24 at 2:10 PM, V1, Administrator, said every patient needs a call light and it needs to be in reach so the resident can use it.</p> <p>R3's Admission Record dated 4/23/24 shows R3 was admitted to the facility on [DATE]. R3's care plan initiated on 4/1/24 shows her call light is to be kept within reach.</p> <p>R4's Admission Record dated 4/23/24 shows R4 was admitted to the facility on [DATE]. R4's care plan initiated 4/16/24 shows her call light is to be kept within reach.</p> <p>The facility's Call Light Policy (revised 7/27/23) shows call lights are to be placed within reach of residents who are able to use it at all times.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities booklet (Revised 11/18) shows residents should receive the services and/or items included in the plan of care and the facility must make arrangements to meet residents' needs and choices.</p>		