STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145737	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Terra Lagrange	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746 Based on interview and record review, the facility failed to send a resident to the hospital emergency department via 911 after a change in condition. This applies to 1 of 3 residents (R1) reviewed for change in condition in the sample of 6. The findings include: R1 was originally admitted to the facility on [DATE] with multiple diagnoses including traumatic subdural hemorrhage with loss of consciousness of unspecified duration, unspecified fracture of the fifth lumbar vertebrae with delayed healing, type 2 diabetes mellitus without complications, cognitive communication deficit and need for assistance with personal care, based on the face sheet. R1's blood specimen obtained on December 30, 2024 for CBC (complete blood count) showed that the resident's WBC (white blood cell) was 17.92 (normal range 4.80-10.80), hemoglobin was 10.4 (normal range 12.0-16.0), hematocrit was 32.3 (normal range of 37.0-47.0). R1's progress notes dated December 30, 2024 at 3:16 PM, created by V3 (Primary Care Physician) showed documentation that the resident's vital signs were stable. The same progress notes under assessment and plan showed in-part, #Leukocytosis - WBC 17.9 - no complaints - no s/s (signs/symptoms) of infection - could be reactive to pain - recheck in a few days - if elevated in 1-2 days, need to do infectious workup. R1's blood culture result for blood specimen obtained on the right and left arm on December 31, 2024 showed gram positive cocci, staphylococcus aureus. R1's progress notes dated January 1, 2025 at 4:51 PM, created by V7 (Registered Nurse) showed, Writer relayed positive blood culture for staphylococcus aureus to NP (Nurse Practitioner) (V6) per NP send to hospital. (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Bella Terra Lagrange		STREET ADDRESS, CITY, STATE, ZIP CODE 4735 Willow Springs Road LA Grange, IL 60525	

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's progress notes dated January 1, 2025 at 5:00 PM, created by V6 (Nurse Practitioner) as a late entry showed, chief complaint of positive blood culture, positive staphylococcus aureus. The progress notes documented R1's vital signs as follows: blood pressure 88/42, heart rate 141, temperature 98.2, respiration 16 and oxygen saturation 94%. Under impression it showed, 85 [years old] female [patient with] Staphylococcus [with] acute confusion, possible septic [with] unknown source. The same progress notes showed under plans, Send to ER (emergency room) via 911 for further evaluation and management, case discussed with NOD (nurse on duty) and Nurse Supervisor in length. R1's change of condition progress notes dated January 1, 2025 at 8:53 PM, created by V7 (Registered Nurse) showed in-part that the resident had, Positive blood culture gram positive cocci in both left and right arm cultures and elevated WBC 17.92. The progress notes documented that R1's vital signs included blood pressure of 88/42, pulse of 141, respiration of 16, temperature of 100.2 and oxygen saturation of 95%. The same progress notes showed under observations and evaluations, At [4:00 PM] writer assessed patient's vitals, BP 88/42, heart rate 141, [temperature] 100.4, [oxygen saturation] 98%. Patient was alert, stated she was not in any pain, did not display any signs or symptoms of pain. Writer received a call from [laboratory] reporting gram positive cocci in both left and right arm cultures and elevated WBC 17.92. Writer attempted to contact on call physician to relay laboratory results, left voicemail. Writer contacted infectious disease NP (V6). Per infectious disease NP send patient to [hospital] via [ambulance]. 911 not necessary resident stable, no signs of distress noted. On January 15, 2025 at 11:37 AM, V7 (Registered Nurse) stated that she was the assigned nurse to R1 on January 1, 2025 during the morning (7:00 AM-3:30 PM) and afternoon (3:00 PM -11:30 PM) shifts. V7 stated that on January 1, 2025 during the entire morning shift, R1 was doing well, took her medications and received therapy services. However, at around 4:00 PM, R1's condition changed, manifesting low blood pressure (88/42), increased heart rate (141) and high temperature (100.2), and then she received a call from the laboratory reporting gram positive cocci in both of R1's left and right arm blood cultures, as well as elevated WBC. According to V7, she attempted to call the physician to relay the laboratory results but was not successful, so she (V7) contacted V6 (Infectious Disease Nurse Practitioner). V7 stated that she informed V6 of R1's gram positive cocci blood culture, elevated WBC, and the abnormal vital signs, including low blood pressure, increased heart rate and high temperature. V7 stated that she received the order from V6 to send R1 to the emergency department for further evaluation and treatment. V7 stated that R1 waited between 45 minutes to an hour at the facility for the regular ambulance to transport her to the emergency department. V7 was asked, why 911 was not called to transport R1 to the hospital since the resident's blood pressure was low, her heart rate was high and with fever. V7 responded that she had consulted V17 (Registered Nurse/Afternoon Nursing Supervisor) whether to send R1 via 911 or regular ambulance and it was decided to use the regular ambulance since the resident was eating dinner with her daughter at the bedside. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On January 15, 2025 at 11:59 AM, V6 (Infectious Disease Nurse Practitioner) stated that on January 1, 2025 she was informed by the Nurse (V7) that she was attempting to contact R1's physician but had not received any response, so she (V6) was contacted. V6 stated that she was informed of R1's trending high WBC of 17. 92, hypotension (low blood pressure), increased confusion and gram positive cocci blood cultures. According to V6, that was the first time she was called/consulted regarding R1 and with the information provided to her by the nurse, she ordered to send R1 right away to the emergency department for further evaluation and treatment of the abnormal vital signs, severe leukocytosis, and possible sepsis due to bacteremia. V6 further stated that because of the presenting change in R1's condition, the appropriate and best method to transfer the resident to the hospital was via 911, especially with the abnormal vitals to immediately evaluate and treat the resident. On January 15, 2025, 2025 at 3:47 PM, V3 (Primary Care Physician) stated that when he evaluated R1 on December 28 and December 30, 2024, the resident was doing fine with stable vital signs. According to V3, he and the Nurse Practitioner were aware of R1's condition and the trending elevation of the resident's WBC, which was why blood cultures, urine culture and chest x-rays were also performed to help determine the resident's condition. V3 stated that he believed that R1's condition gradually changed on December 31, 2024, as reflected on the blood culture that was obtained that same day which showed positive staphylococcus aureus, however R1's change in condition did not manifest until January 1, 2025 when her vital signs became abnormal. According to V3, the facility should have sent R1 to the hospital via 911 on January 1, 2025 due to hypotension and increased heart rate. V3 further stated that sending R1 via 911 was the appropriate method to transport the resident to the hospital to ensure that the resident could be immediately evaluated and treated.