

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 03/28/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48526</p> <p>Based on interview and record review, the facility failed to follow physician's orders and subsequently a colonoscopy had to be rescheduled.</p> <p>This applies to 1 of 3 residents (R23) reviewed for following physician's orders for outpatient procedures.</p> <p>The findings include:</p> <p>R23 was scheduled for a colonoscopy and an EGD (Esophagogastroduodenoscopy) on 03/19/25 per the procedure reminder form sent from the gastroenterology office on 03/14/25. The form showed to hold Eliquis [blood thinner] two days prior to the procedure.</p> <p>R23's MAR (Medication Administration Record) for 03/2025 showed R23 was administered a blood thinner on 03/17/25 at 9:00 AM and 5:00 PM.</p> <p>R23's progress notes dated 03/19/25 at 2:17 PM, showed Resident unable to complete colonoscopy d/t (due to) inability to get IV (intravenous) placed. OBC to MD (Medical Doctor), awaiting return call back . On 03/21/25 at 8:44 AM, V23's (Medical Doctor), Physician Progress note showed diarrhea d/t colon prep. HX (History) of colon cancer. Colon scope not performed, no IV access, and per GI (Gastrointestinal) anticoagulant not held, which I had clarified with nurse on 03/18 AM of holding dose.</p> <p>On 03/27/25 at 11:29 AM, V1 (Administrator) stated R23 was scheduled for a colonoscopy on 03/19/25. The procedure was not done due to the hospital not being able to access an intravenous site and R23 being given a blood thinner on 03/17/25. V1 stated the blood thinner was supposed to be held on 03/17/25 but it was administered on that day. The nurse should not have administered the blood thinner on 03/17/25. The nurse who put the order in did not follow the doctor's orders.</p> <p>R23 was admitted to the facility on [DATE] with multiple diagnoses which included pulmonary embolism without acute cor pulmonale, diastolic (congestive) heart failure, acute embolism and thrombosis of left femoral vein, unsteadiness on feet, hypertension, and osteoarthritis.</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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