

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145835	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Bella Terra Wheeling		STREET ADDRESS, CITY, STATE, ZIP CODE 730 West Hintz Road Wheeling, IL 60090	

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 - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34072</p> <p>Based on interviews and record reviews, the facility failed to follow its intravenous therapy policy and accurately assess and monitor resident's signs/symptoms/change of condition, which results in delay of care and resulted in MRSA spread causing decline in resident's health, with infection to knee and MRSA pneumonia for one resident's (R422) PICC (peripherally inserted central catheter) out of three reviewed for change in condition in a sample of 37.</p> <p>This failure resulted in R422 developing chills, elevated white blood cell count, and malaise. R422 was transported to the hospital and diagnosed with MRSA infection of PICC line causing MRSA infection of right knee and MRSA pneumonia.</p> <p>Findings include:</p> <p>On 4/26/24 at 8:56 AM, V14 RN (Registered Nurse) stated that PICC (peripherally inserted central catheters) dressing is changed weekly. V14 stated that all the needed supplies are in kit. V14 stated that when you record arm circumference and external catheter length, the previous documented result will appear so that you can compare previous result with current result. V14 stated that 1-2cm difference in arm circumference would not be considered significant but more than that would be considered significant, resident could have edema. V14 stated that the physician should be notified of any changes. V14 stated that the differences in external length catheter could signify concern with catheter position not in correct place and physician should be notified. V14 stated that PICC line insertion site is monitored for signs/symptoms of infection every shift; monitor for swelling, redness, pain at insertion site. V14 stated that when he provided care for R422 the end of February and early March, R422 was complaining of right knee pain. V14 stated that he did not report pain to physician because he believed it was chronic pain.</p> <p>R422's TAR (Treatment Administration Record), dated February and March 2024, notes R422's right upper arm midcircumference measurement on 2/25/24 was 33cm (centimeters), on 3/3/24 it was 23cm (centimeters); and on 3/10 it was 34cm.</p> <p>R422's MAR (Medication Administration Record), dated March 2024, notes R422 received Acetaminophen 650mg (milligrams) for complaints of right knee pain on 3/7, 3/8, 3/11, 3/13, and 3/14.</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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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 4/26/24 at 9:30 AM, V15 NP (Nurse Practitioner) stated that every facility has PICC line protocol and that staff are trained on changing dressing with aseptic technique. V15 stated that when V15 saw R422, there were no signs of infection (redness or swelling) observed at PICC line insertion site. V15 stated that during R422's stay at this facility, staff informed V15 of inability to draw blood from PICC line. V15 stated that R422 was transported to the hospital for further evaluation. V15 stated that the emergency room staff were able to get PICC line working properly after flushing line. V15 stated that when R422 came back from hospital visit, R422 complained of not feeling well. V15 stated that laboratory testing was done and R422's white blood cell count was 19 (normal range is 3.9-11). V15 stated that she believes R422's PICC line became infected from the emergency room staff flushing PICC line and not using aseptic technique. V15 stated that R422 had MRSA (methicillin resistant staphylococcus aureus) infection in PICC line causing MRSA infection in right knee and in lungs. V15 stated that the hospital was unable to determine if MRSA had spread to R422's heart because heart testing was unable to be done due to R422's comorbidities. When questioned how would a PICC line become infected with MRSA, V15 stated MRSA infection due to not using aseptic technique while providing care for PICC line.</p> <p>R422's medical record notes the following:</p> <p>On 2/26/24, R422's white blood cell count was 10.1.</p> <p>On 2/28/24, the nurse noted R422 sent to the hospital to assess and exchange PICC line placement due to no blood return. R422 scheduled/ expected to return today with new picc line. V16 RN noted R422 returned from the hospital at 5:00 PM. The PICC line remained the same. It was flushed in the emergency room and happened to be working fine. The x-ray was done to verify the location.</p> <p>On 3/4/24, R422's white blood cell count was 8.2.</p> <p>On 3/11/24, R422's white blood cell count was 11.5.</p> <p>On 3/14/24, R422's white blood cell count was 19.5.</p> <p>R422's medical record notes the following:</p> <p>On 1/23/24, R422 was admitted to this facility with a right upper arm PICC line, arm circumference 28cm (centimeters).</p> <p>R422's TAR (Treatment Administration Record), dated February and March 2024, notes R422's right upper arm mid-circumference measurement on 2/25/24 was 33cm (centimeters), on 3/3/24 it was 23cm (centimeters); and on 3/10 it was 34cm.</p> <p>R422's pre-admission hospital record, dated 12/18/23-1/23/24, notes R422 was found to have cardiogenic shock secondary to acute decompensated heart failure. An echocardiogram on 1/3/2024 showed an ejection fraction of 10-15%, and a right heart catheterization indicated elevated filling pressures. Left anterior descending artery in heart showed 99% occlusion. R422's left ventricle showed severe dilation.</p> <p>On 2/26, the nurse practitioner noted R422's right lower extremity with 2+ edema (swelling).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 2/28, nurse practitioner noted R422 with bilateral lower extremity edema.</p> <p>R422's progress notes, dated 3/14/24, notes at 1:55 PM, R422 complained of body malaise, bilateral lower extremities with edema. Stayed in bed, WBC (white blood cell count) 19.5 (normal range 3.9 - 11). At 2:43 PM, R422 still complained of body malaise and bilateral lower extremity pain.</p> <p>R422's hospital record, dated 3/14/24-3/25/24, notes R422 presented from this facility due to laboratory abnormalities. R422 reports 48 hours prior to hospitalization she developed severe pain in right knee which interfered with her ADLs (activities of daily living). She had chills/shaking, but no fevers. It also hurts to take deep breaths. 24 hours ago developed shortness of breath. Physical examination noted lungs with poor inspiratory effort. 2+ pitting edema bilateral lower extremities. Right knee swollen, warm, effusion present. Active and passive ROM (range of motion) severely limited. R422 alert and oriented x 4. Speech clear. Generally weak, especially lower extremities. Elevated white blood cell count, suspect pneumonia as there is right perihilar fulness/haziness, pleuritic chest pain and new oxygen requirement. PICC (Peripherally inserted central catheter) inserted right arm on 1/7/24. R422 with septic knee, and MRSA (methicillin resistant staphylococcus aureus) bacteremia (likely due to PICC infection, and then causing the MRSA septic knee and MRSA pneumonia- PICC was partially displaced on arrival to hospital). PICC removed 3/16 given MRSA bacteremia. Given MRSA in the knee, taken for a right knee washout with orthopedics on 3/17.</p> <p>This facility's intravenous therapy policy, revised 8/7/23, notes all intravenous access will be assessed by the nurse to ensure that no signs and symptoms of infection and infiltration are left unaddressed. All central line dressings (PICC line) will be changed every 7 days. The length of the external catheter and extremity circumference will be measured weekly to monitor movement and edema (swelling).</p>