

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 10/25/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>33760</p> <p>Based on interview and record review the facility failed to notify the residents Power of Attorney (POA) of an abnormal laboratory results and change in medication/treatment to 1 of 3 residents (R1) reviewed of notification of change in the sample of 3.</p> <p>The findings include:</p> <p>On 10/25/24 at 12:27 PM, V7 (R1's POA) said she was not notified when her mom (R1) had an abnormal lab result of low potassium level and R1 was put on Potassium medications. V7 said R1 has heart failure and a change in her potassium level is significant. V7 said she was R1's POA and she should have been notified of new orders or changes in R1's medications or condition.</p> <p>A progress note dated 10/22/24 by V6 (Registered Nurse) showed R1 had a low potassium level (2.2) and was started on Potassium Chloride 40 meq tablet. The progress notes did not show that V7 (R1's POA) was notified.</p> <p>On 10/25/24 at 3:15 PM, V6 (RN) said he was not able to inform V7 R1's POA of the abnormal potassium level and R1 being started on Potassium tablets. V6 said if he did, he would have documented the notification.</p> <p>On 10/25/24 at 3PM, V8 (Nurse Practitioner) said V7 was very particular with R1 medications. V8 said he spoke to V7 regarding medications but that did not include R1's being on Potassium.</p> <p>On 10/25/24 at 3:30 PM V2 (Director of Nursing) said any abnormal labs, or any new order including new medications or treatments the POA should be notified. The Nurses will be inserviced today.</p> <p>The Facility Policy of Notification of Change of Condition dated 8/16/24 show, the facility will provide notification of residents change in status.</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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