

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49871</p> <p>Based on observation, interview, and record review the facility failed to ensure food containers are stored off the floor and ensure staff are employing hygienic practices during food handling in the dining room. This deficiency has the potential to affect all 165 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>On 4/23/2024 at 11:05 AM, observed 6 cans of fruit cocktail on the floor in the dry storage room during the initial tour.</p> <p>On 4/23/2024 at 11:05 AM, V12 (Cook) stated those cans should not be on the floor.</p> <p>On 4/23/2024 at 01:00 PM, V1 (Administrator) stated cans of food should be stored on the shelves when delivered. It should be off the floor.</p> <p>On 4/23/2024 at 12:23 PM, observed V13 (Dietary Aide) during lunch in the dining room touched and adjusted her eyeglasses with gloved hands then proceeded to continue preparing food without performing hand hygiene and changing gloves.</p> <p>On 4/23/2024 at 12:24 PM, V13 said I should have changed gloves before continuing to prepare food.</p> <p>On 4/24/2025 at 10:31 AM, V3 (Assistant Director of Nursing/Infection Control) stated V13 should have removed her gloves and performed hand hygiene after touching her eyeglasses and before continuing her task.</p> <p>Policy:</p> <p>Food Storage - Dry Goods, Revision History Date: October 2019</p> <p>Policy Statement:</p> <p>It is the center policy to insure all dry goods will be appropriately stored in accordance with guidelines of the FDA Food Code.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145835
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Action Steps: Dry Storage</p> <p>1. The Dining Services Director or designee is responsible to store all items 6 inches above the floor on shelves.</p> <p>Facility unable to provide Food Handling Policy</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49871</p> <p>Based on observation, interview, and record review the facility failed to implement appropriate transmission-based precaution and to provide the necessary personal protective equipment (PPE) supplies readily accessible for use by staff and visitors for 3 of 3 residents (R153, R47, R131) reviewed for transmission-based precaution in a sample of 37.</p> <p>Findings include:</p> <p>On 4/23/2024 at 12:05 PM, R153 identified positive COVID 19 and on isolation. Observed isolation signage outside room as Contact Precaution, no other sign identified.</p> <p>On 4/23/2024 at 12:05 PM, V11 (License Practical Nurse - LPN) stated R153 is on isolation for COVID 19 and should have a signage of Contact and Droplet Precaution.</p> <p>On 4/23/2024 at 01:00 PM, V2 (Director of Nursing - DON) said R153 should be Droplet Precaution.</p> <p>On 4/24/2024 at 10:31 AM, V3 (Assistant Director of Nursing/Infection Control) stated R153 should have a signage outside the room of Contact and Droplet Precaution.</p> <p>On 4/23/2024 at 11:45 AM, R47 and R131 on Contact Precaution with Personal Protective Equipment (PPE) bin set-up outside the room. PPE bin without the necessary glove supplies readily accessible for use by staff and visitors.</p> <p>On 4/23/2024 at 11:49 AM, V10 (Registered Nurse - RN) said there should be gloves on the isolation bin for immediate use. Central Supply Personnel is responsible for making sure there is PPE supplies available. V10 stated I will go look for gloves now.</p> <p>On 4/24/2024 at 10:31 AM, V3 (Assistant Director of Nursing/Infection Control) stated isolation bin should have the complete PPE supplies, including gloves, readily accessible for use.</p> <p>(R153) Order Summary Report include: Isolation Precaution: Contact/Droplet - Reason for Isolation: COVID+</p> <p>(R47, R131) Order Summary Report include: Isolation- contact precautions, Reason for isolation: MRSA sacral wound</p> <p>Care Plan: Focus: R153 requires Droplet/Contact Precautions related to: COVID 19 Focus: Isolation Contact Precautions: R47 is on contact isolation related to MRSA of wound Focus: Isolation Contact Precautions: R131 is on contact isolation related to MRSA of wound</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy: Name: Infection Prevention and Control, Revised 10/23/23</p> <p>Policy Statement:</p> <p>The facility has established a policy to Identify, Record, Investigate, Control, Test, and Prevent infections in the facility. The facility will also maintain a record of incidents and corrective actions implemented for identified infection.</p> <p>Procedures</p> <p>7. A transmission-based precaution set up will be provided outside the resident's room to provide Personal Protective Equipment (PPE) like gown and gloves to staff and visitors entering the resident's room.</p> <p>8. A sign will be provided outside the room for residents on transmission-based precaution indicating the type of the precaution (Contact, Droplet, or EBP).</p>