

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000889	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELLA TERRA MORTON GROVE

8425 WAUKEGAN ROAD

MORTON GROVE, IL 60053

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Investigations 2398499/ IL165400			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			
	300.610a) 300.1010h) 300.1210a) 300.1210d)3)			
	Section 300.610 Resident Care Policies			
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			
	Section 300.1010 Medical Care Policies			
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such			
			Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 accident, injury or change in condition at the time of notification. (B) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by:	S9999			

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S9999	Continued From page 2 Based on interview and record review the facility failed to notify the physician of an opened surgical wound for treatment orders. This affected one of three residents (R1) reviewed for quality of care of a surgical site. This failure resulted in R1's wound becoming infected with live insect larva and being sent to the local hospital for evaluation and treatment. Findings include: R1 face sheet show diagnosis of encounter for orthopedic aftercare following surgical amputation. Acquired absence of other left toe. On 10.29.23 at 3:07PM V4 (wound care coordinator) said she was the wound care coordinator, V4 she does initial wound assesses with measurements for new admission and readmitted residents Monday through Friday. V4 said she does the rounds with the wound doctor, input initial orders and order changes, she develops initial care plans for wounds and update the wound care plan, she completes MDS assessment for wounds. V4 said R1 had a left 5th toe amputation surgical wound upon admission. V4 said R1 was followed by the ortho (orthopedic) surgeon for orders and recommendations for wound care treatments. R1 was receiving betadine to the 4th and 5th toe, and the wound was open to air (no treatment dressing applied). V4 said the facility did not notice R1 wound to be infected. V4 said she was made aware that R1 was being sent to hospital for infection by the ortho clinic on 9.22.23. V4 said she conducted a weekly wound assessment on R1 on 9.19.23 and R1 wound was clean and did not have signs of infection, which is drainage, swelling, redness, odor, and R1 did not complain of pain. V4 said R1	S9999			

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S9999	Continued From page 3 did not voice any concerns about his wounds that would indicate there was an infection. V4 said R1's daughter in-law informed her that the maggots were inside the scabs of the surgical wound, and they were not visible and that they would not have seen it. V4 said the clinic sent R1 to hospital evaluation. V4 said R1 did not return to facility after hospital stay. V4 said they provided wound care treatments as ordered by the ortho physician. V4 said she did not see the maggots in the wound she cannot speak to how that happened. Review of R1 weekly wound assessments documentation dated 9.19.23 with V4 in comparison to prior week wound assessment, V4 said on 9.19.23 the scab came off R1 wound and the proximal local (closest to the head). V4 said there was a small opening. V4 said she did not notify the ortho surgeon V11, she did not notify the medical doctor V6. V4 said she did not have any concerns to notify the providers about. V4 was asked did R1 have a surgical wound, and if that surgical wound needed a covering since it had opened. V4 restated that V11 wanted the wound to be open to air. V4 said the wound opened a little. Review of the wound assessment picture, there is an area where there is no dark scab, and the wound is open. On 10.30.23 at 10:17am V10 (Assistant working with ortho physician V11) said they were in clinic, but she can assist surveyor. V10 said the doctor wanted to be notified of all wound changes, V10 said the doctor should have been notified of all wound changes. V10 said the nursing home did not notify the ortho doctor when R1 surgical wound opened on 9.19.23. V10 said the doctor would have recommended to cover the surgical site with a dressing. On 10.30.23 at 10:43am V6 (Medical Doctor) said	S9999			

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S9999	Continued From page 4 R1 was followed by the ortho physician, and she would have referred the nurse to the ortho for any changes in condition. R1 progress note dated 9.22.23 denotes in-part resident was scheduled today am for follow up appointment with V11 orthopedic Surgery. Resident left facility via wheelchair with assist and transportation in stable condition around 7:00 am. Around 10:00 am received call from V11 office and spoke with Registered Nurse V10. Received information that resident was sent to Hospital ER (Emergency Room) for evaluation and treatment due to wound infection on left foot. Around 10:10 am spoke with ER regarding resident status and received information that resident is admitted with (diagnosis): wound infection on left foot. V6 was informed. Wound nurse informed. Resident POA (power of attorney) notified. DON (director of nursing), ADON (assistant director of nursing) aware. R1 orthopedic post operative visit dated 9.22.23 denotes in-part focused examination of the left lower extremity, there are two open wounds along the prior incision line quarter size near the distal aspect of the toe, there are visible maggots within the distal wound, numerous, live, protruding, there is surrounding erythema, there is malodor in the base of the wound there is devitalized necrotic tissue, proximal incision wound dime size 2 maggots seen within the wound bed. R1 care plan dated 8.3.2023 denotes in-part apply R1 is at risk for additional skin breakdown, R/T (related/to) chronic A-fib (atrial fibrillation), gangrene, PVD (peripheral vascular disease), HTN (hypertension), acute kidney failure, thrombocytopenia, R1 was admitted with left 5th toe amputee, left 4th toe necrotic diabetic wound,	S9999			

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S9999	Continued From page 5 R1 will not develop signs and symptoms of infection on the wound site. wound treatment as ordered by the physician, check skin every shift, report abnormalities to the nurse. Keep skin clean and dry, use lotion on dry skin. Monitor document location, size, and treatment of skin injury. Report abnormalities, failure to heal, signs and symptoms of infection, maceration etc. to MD (medical doctor). Facility's change in condition policy titled change in condition/ physician notification with last revised date 7.28.23, denotes in-part the facility will provide care to residents and provide notification of resident change in status. The facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is: an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). (B)	S9999			