STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145835	A. BUILDING _____ B. WING _____	C 08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA TERRA WHEELING	**730 WEST HINTZ ROAD WHEELING, IL 60090**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation #IL124701 / 2095425 - F689 CITED	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the plan of care for one resident (R1), which required supervision with eating, and failed to have one person physical assist with eating as assessed (per MDS - Minimum Data Set). This failure resulted in R1 eating alone in room, then found five minutes later gasping for air and blue in the face. R1 was pronounced dead onsite by paramedics. Findings include: R1's Progress notes entered by V7 (Licensed Practical Nurse), dated 8/24/2019, state in part; "at 6pm resident's dinner tray was brought into his room. CNA stated that resident did not want to get out of bed for dinner, so CNA left resident in bed with head elevated at 90 degrees and call light within reach. At 6:05pm this writer went to check on resident and found resident gasping for air and blue in the face. The writer called for help and other nurse on duty and began the Heimlich	F 689	Corrective Actions that will be accomplished for those residents fount to have been affected by the deficient practice: > R1 is no longer in the facility How the facility will identify other residents having the same potential to be affected by the same deficient practice: > All residents identified needing supervision or assistance during mealtimes have the potential to be affected by this alleged deficiency > The Facility conducted an audit for all residents to identify and review any meal monitoring needs The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not	9/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/13/2020

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.

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F 689	Continued From page 1 Maneuver ....At 6:15PM other nurses on duty came to the floor and began assisting with Heimlich Maneuver and suctioning the resident, brown vomit liquid was being suctioned out of the mouth of the resident .... At 6:30pm paramedics pronounced resident dead." R1's Detailed Incident Summary; stated in part; On Saturday at 1800 he was served his diet (General/Thin liquids) consumed 100% of the turkey and 100% of the cake. The nurse was rounding and observed resident to be bluish gasping for air. R1's Minimum Data Set (MDS), dated 8/14/19, Section G: Functional Status Eating: Self performance- Supervision oversight encouragement or cueing. Support: One person physical assist. R1's Care plan, effective 8/19/2019, state is part; R1 requires total assist with bathing ... ...supervision with eating, due to Dementia with behaviors, obesity ..... On 8/25/2020 at 12:44 PM, V3 said that supervision is just cueing resident to take small bites, and reminding resident that food is in front of them, making sure that they are eating. At least three times somebody has to go and check on the resident. If it is noted that residents are not swallowing or pocketing food, they are referred for speech evaluation. On 8/25/2020 at 1:35 PM, V14 (Speech Therapist) was asked what supervision means, V14 said supervision means someone is in view of somebody. And cueing is to get them to eat or follow directions.	F 689	recur: > In-services started to be conducted on 9.9.2020 and are on-going, by the DON or designee to all staff on meal monitoring protocols. >Meeting was conducted by the ADON with the Restorative Nurse and Clinical Managers/Supervisors to review existing process for reporting on meal monitoring needs. > In-service conducted with the Speech Therapist on MDS Definitions and Coding by the ADON on 9.11.2020. Quality Assurance Plans to monitor facility performance to make sure that corrections are achieved and are permanent: > The Director of Nursing and/or designee will conduct meal monitoring observations 2x per week for 12 weeks to ensure compliance with F689. > The Administrator will review the audit tools weekly. All non-compliant issues will be reviewed, training and/or disciplinary actions will be implemented as appropriate until compliance is met. Findings will be reported to the Quality Assurance and Performance Improvement Committee for review and recommendations as appropriate.	

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F 689	Continued From page 2 During the course of this survey, facility was asked for, and did not provide, any policies related to resident supervision during meals.	F 689		