

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145835</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLA TERRA WHEELING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>730 WEST HINTZ ROAD WHEELING, IL 60090</b>	
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)		
F 0689  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>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. 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 [MEDICATION NAME] Maneuver At 6:15PM other nurses on duty came to the floor and began assisting with [MEDICATION NAME] 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 [DATE], 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. During the course of this survey, facility was asked for, and did not provide, any policies related to resident supervision during meals.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.