STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Woodstock	309 McHenry Avenue Woodstock, IL 60098

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review the facility failed to follow R6's Menu Preferences for 1 of 8 residents (R6) reviewed for dietary in the sample of 8.The findings include: On 05/05/2026 at 12:30PM, R6 was eating the noon meal. R6 did not have any yogurt during the noon meal.On 05/05/2026 at 11:51AM, R6 said, I did not get any yogurt for breakfast. I was told there was no yogurt on the delivery truck. I was served yogurt last Thursday night (04/30/2026). Many excuses, the most common is, The truck comes on Monday. Yogurt was added to my diet menu a month ago during my care plan meeting. On 05/05/2026 at 12:43PM, V8 Dietary Manager said, we are out of yogurt. Yogurt was added to R6's Menu Preference during the Care Plan meeting a month ago. I ordered the yogurt for R6; the yogurt is gone within one day. This is the second time R6 has not gotten yogurt. R6's Dietary Card dated 05/05/2026 at Lunch shows, Regular Diet, Regular texture, yogurt at all meals.

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