

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145515                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>06/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LA Bella of Freeburg                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>746 Urbanna Drive<br>Freeburg, IL 62243 |                                                 |
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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to safely transfer a resident via mechanical lift for 1 of 3 residents (R1) reviewed for falls in a sample of 5. This failure resulted in R1 falling and sustaining a laceration to her head which required an emergency transfer and treatment at local hospital. This past noncompliance occurred from 4/28/26-4/29/26. Findings Include:R1's admission Record documents an admission date of 9/16/2019 with the following diagnoses in part; unspecified dementia, mild with psychotic disturbance, dementia in other diseases classified elsewhere, severe with agitation, Generalized anxiety disorder, postural kyphosis, cervicothoracic region, polyosteoarthritis, unspecified.R1's Minimum Data Set (MDS) dated [DATE], documents a Brief Interview for Mental Status (BIMS) of 00, indicating that an interview was unable to be completed and documents short- and long-term memory problems.R1's care plan documents the following focus area R1 is at high risk for falls /contractures R/T (related to) muscle weakness.R1's progress notes document on 4/28/26 at 11:07am, CNA (Certified Nurse Aide) summoned this nurse to room, upon entering room resident was laying supine on bed. Blood was visible coming from middle of forehead. Light pressure was applied and bleeding stopped. Noted 3.3 cm laceration to middle of forehead. Order obtained to send resident to Memorial East ER for eval and tx (evaluation and treatment).R1's fall investigation dated 4/28/26 documents the following witness statement from V4 (Certified Nursing Assistant/CNA). Me and another CNA was getting ready to check and change R1. We hooked her up to the (mechanical lift). We made sure everything was attached and open the legs of the (mechanical Lift), then started lifting her up. As we were lifting her she started to rock. She was already a little shaky before lifting her. Once we were in the air she rocked forward and fell and hit the leg of the (mechanical lift). It then created a gash on her forehead.A document titled After Visit Summary located in R1's medical record dated 4/28/26 documents R1 was seen at the local emergency department for a head injury and laceration. This summary further documents that R1 received 1 absorbable running stitch.On 6/15/26 at 9:35am, V9, Registered Nurse, stated she was the nurse assigned to R1's hall on 4/28. V9 stated a CNA came and got her and stated that R1 had fallen out of the mechanical Sling and hit her head on leg of the lift. V9 stated when she went into R1's room she was already in bed. V9 stated a resident should not be moved after a fall in case there are other injuries, moving them could make it worse. V9 stated R1 was sent to the ER and came back with a stitch to the laceration on her head. V9 stated R1 had no other injuries.On 6/15/26 at 1:34pm, V2 (Director of Nursing) stated she was called to R1's room on 4/28 after she had fallen. V2 stated the way staff explained it to her, they were attempting to transfer R1 from her chair to her bed via mechanical lift. V2 stated that R1 started rocking, she stated R1 has behaviors of rocking. V2 stated the mechanical lift got off balance and R1 fell and received a laceration to her forehead. V2 stated the CNA's moved R1 back into her bed before she was assessed by the nurse. V2 stated R1 did not have any other injuries besides the laceration to the head but residents should not be moved after a fall until the nurse assesses them in case there are other injuries. V2 stated R1 was evaluated at the local hospital and received one stitch on the laceration to her forehead.On 6/15/26 at 2:26pm, V4 stated on 4/28 that she and V5 were transferring R1 from her (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>145515 | Facility ID:<br><br>145515           |
|                                                                          |                         | If continuation sheet<br>Page 1 of 3 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>chair to her bed by a mechanical lift when R1 started rocking while up in the air. V4 stated she had a hold of the sling, but she was rocking hard. V4 stated R1 fell out of the sling and hit the leg of the lift and that was what caused the injury to her head. V4 stated it all happened so fast and R1 was lying across the leg of the lift in a very uncomfortable position so they quickly put her in bed so the nurse could take a look at her. V4 stated at the time they did not think about not moving her, she was face down and bleeding and they knew she needed help. On 6/15/26 at 3:01pm, V1 (Administrator) stated they knew there was an issue as soon as the incident happened and immediately started educating and coming up with a plan of correction. V1 stated that R1 had a history of rocking behavior, it was an infrequent behavior but had happened before. V1 stated R1 also was sort of leaning forward all the time. V1 stated part of educating staff was educating the staff about things you may see and not realize they are a behavior. V1 stated her expectation would be for staff to not transfer a resident that is rocking or having any kind of behavior that would make transferring unsafe. V1 stated if staff started transferring a resident and if they started exhibiting a behavior, she would expect staff to quickly and safely lower the resident instead of trying to continue to transfer the resident. V1 stated staff should never move a resident after falling until a nurse is able to assess them and make sure there are no other injuries. Facility Document titled, Safe Resident Handling/Transfers with an implementation date of 4/1/26 and a revision date of 4/28/26 was reviewed. This document states under Policy It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Prior to the survey date, the facility took the following actions to correct the noncompliance: 1. The facility held a QAPI (Quality Assurance and Performance Improvement) meeting on 4/28/26 with V1 (Administrator), V2 (DON), V10 (Licensed Practical Nurse), in attendance. The QAPI Ad Hoc form notes under #1 Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice it states The affected resident was immediately assessed, provided first aid, and transferred to the emergency room for evaluation and treatment of a facial laceration. Upon return to the facility, neuro checks were initiated and completed for 72 hours with no adverse findings. The resident's safe patient handling assessment was updated, and the care plan was revised to clearly instruct staff to immediately halt mechanical lift transfers and safely lower the resident to a stable surface if rocking, agitation, or unsafe movement occurs during transfer. Under #2 How will you identify other residents having the potential to be affected by the same deficient practice? it states The Director of Nursing (DON) completed a 100% audit of all residents requiring mechanical lift transfers to identify those with behavioral risks, agitation, or unpredictable movements. All applicable care plans and Kardexes were reviewed and updated to ensure individualized safety interventions are in place. The Maintenance Director completed inspections of all mechanical lifts and slings to verify proper functioning and safety. Under #3 What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? It states The involved CNAs were suspended and required to successfully complete one-on-one competency evaluations on mechanical lift operations prior to returning to duty. The leadership team provided mandatory education to all nursing staff regarding safe patient handling and mechanical lift use. Education emphasized immediate interventions during unsafe resident behavior, including stopping the lift, safely lowering the resident to the nearest stable surface (bed, chair, or floor), and promptly notifying licensed nursing staff for assistance. Under #4 How will you monitor the corrective actions to ensure the deficient practice will not occur? It states The DON or designee will conduct direct observational audits of mechanical lift transfers on all shifts according to the following schedule: Five (5) transfers weekly for four (4) weeks. Three (3) transfers weekly for four (4) weeks. One (1) transfer weekly for four (4) week. Audit results will be reviewed monthly by the QAPI committee for a minimum of three (3) months. Any concerns identified will be addressed immediately with re-education and corrective action as needed to ensure ongoing compliance. The (continued on next page)</p> |                                                                                      |                                                 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | Facility Administrator will monitor compliance with this Plan of Correction and all State and Federal requirements.2. All audits of residents requiring use of mechanical lifts, and updates made to applicable care plans and Kardex's were completed by 4/29/26. The maintenance director completed inspection of all mechanical lifts and slings by 4/29/26.3. Suspension and reeducation documents were reviewed for V4 and V5 the CNAs involved in R1's transfer was completed by 4/29/26. Nursing staff education/in-service documents show that all staff were provided education regarding safe patient handling and mechanical lift use. Completion date was 4/29/26.4. Direct observational audits of mechanical lift transfers on all shifts were completed beginning 4/28/26 and were ongoing through survey exit date of 6/16/26. |                                                                                      |                                                 |