STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145515	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Freeburg	746 Urbanna Drive Freeburg, IL 62243

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 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the Facility failed to provide proper supervision to prevent a fall for 1 of 15 (R1) residents reviewed for supervision of falls in the sample of 42.This failure resulted in R1 being sent to the hospital on [DATE] for a fall which resulted in a facial laceration on her scalp and required her to have her scalp glued back together. Findings include:R1's Physician Order Sheet (POS) for November 2025 documents a diagnosis of anxiety, restlessness, and agitation, unsteadiness on feet, a history of falling and weakness.R1's Facesheet documents she was admitted to the facility on [DATE] for therapy then transitioned to a long-term resident.R1's Minimum Data Set (MDS) dated [DATE] documents she is severely impaired. Toileting hygiene, Substantial assist: the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement helper does more than half the effort. Helper lifts or holds trunks or limbs and provides more than half the effort.R1's Care Plan under intervention task dated 4/3/2025, Resident has a history of falls. Applied chair and bed pad alarm. 5/29/2025, Moved resident to a room that is closer to the nurse's station. 11/13/2025. Bed against the wall and floor mat x 1. 11/18/2025 fall off toilet re-educated staff on not leaving resident unsupervised.R1's Care Plan documents, Resident at risk for falls 5/29/25 Fall in room out of bed 11/13/25 Fall out of bed.R1's Progress Notes dated Late Entry:11/18/2025 at 7:50 PM, Note Text: CNA (certified nursing assistant) notified this writer that resident had fell while sitting on the toilet in her bathroom. CNA reported that she heard resident yelling and stating that she needed to poop. CNA states they assisted resident to her bathroom. CNA states resident was weak and had another CNA assist her with transferring resident to the restroom. CNA states that after assisting resident to her restroom both CNA's stood in resident's bathroom doorway. CNA reports resident leaned forward and fell forward while sitting on the toilet. CNA states they tried to rush and catch resident but were unable. Resident noted with a one-inch laceration to her mid to left forehead. Pressure/cloth applied to forehead. No other injuries noted. ROM (range of motion) and neuro checks are within normal limits.On 11/26/2026 at 11:23 AM, V11, Certified Nurse Assistant (CNA), stated, I was assisting another resident when I got called by (V12, CNA) asking for help because (R1) was screaming that she had to go poop and she is weak and needs two assistance. We used a gait belt and safely transferred (R1) to the toilet and waited outside the door but the door was open but (R1) leaned forward and fell. She went out to the hospital. I did get written up for it for not being closer to her.R1's Incident Report dated 11/18/2025 documents, Incident: CNA's who witnessed fall states that resident, (R1) leaned forward while sitting on the toilet, lost balance, and fell forward off toilet, lost balance, and fell forward off toilet. (sic) (V7, Licensed Practical Nurse - LPN) assessed resident immediately. Noted lacerations to forehead, above left eyelid. (V8), Physician and V9, Nurse Practitioner made aware of fall. Orders obtained to send (R1) to the emergency room for evaluation and treatment. Staff stated with (R1), applying pressure to laceration until EMS (Emergency Medical services) arrived. V11's (CNA, Certified Nursing Assistant) Employee Warning Notice dated 11/18/2025 at 7:50 PM, This aid with assist of other aid (V12) transferred resident to toilet. Resident wears personal safety alarm. Resident not watched at full attention resulting in resident falling off (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	toilet and hitting head face on floor. V12's CNA Employee Warning Notice dated 11/18/2025 at 7:50 PM, This aid with assist of other aid (V12) transferred resident to toilet. Resident wears personal safety alarm. Resident not watched at full attention resulting in resident falling off toilet and hitting head face on floor.On 11/26/2025 at 11:42 AM, V12, CNA stated, I heard (R1) yelling out and she said she had to go to the bathroom and when I went to put the gait belt around her, I could tell she was weak. I called out for help (V11) came and help me and we stood her up with the gait belt and we placed her on the toilet, and she was sitting on the toilet, and it happened so fast she fell. I did get written up they said I was not close enough to her. I was in the doorway of the bathroom, and they said I was too far away.On 11/26/2025 at 11:50 AM, V2, Director of Nursing (DON) stated, We did write up (V11) and (V12) for (R1's) fall because we felt because R1 has alarms and a history of falls they should have been closer to her and not in the doorway with her history. R1's Hospital Report dated 11/19/2025 documents R1 was seen at the ED (Emergency Department) for a facial laceration on her scalp. The hospital glued back together and did CT scans which showed no brain bleeds or skull fracture. The Facility Fall Policy undated documents, Purpose: To prevent resident falls, reduce injuries, and ensure timely assessment, response, and documentation.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. This failure has the potential to affect all residents in the facility.Findings include:Facility's Nurses Schedule 8/22/25 through 11/27/25 does not document that a Registered Nurse worked consecutive 8 hours on 8/30/25, 9/10/25, 10/12/25, 11/5/25, and 11/22/25.Facility assessment dated [DATE] documents that the facility requires the services of Licensed nurses providing direct care for day shift - 4, Evening shift - 3 or 4, Night shift - 2-3. The Facility Assessment documents that the facility requires Licensed Nurses (LN): RN (Registered Nurse), LPN (Licensed Practical Nurse), LVN (Licensed Vocational Nurse) providing direct care of 1 - DON, 1 - ADON, 2-3 - RNs, 8-10 - LPN daily.On 11/25/2025 at 12:34 PM, V6, Human Resources (HR) stated they could not find any RN coverage for the dates 8/30/25, 9/10/25, 11/15/25, and 11/22/25.CMS form 671 dated 9/30/25 documents a census of 95 residents in the facility.