STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to maintain a resident's right to refuse a vaccination for 1 of 5 residents (R2) reviewed for resident rights in the sample of 5.The findings include:R2's admission Record, dated 5/4/26, documents R2 was originally admitted to the facility on [DATE] with diagnosis of Metabolic Encephalopathy, Type 2 Diabetes Mellitus (DM), Cerebrovascular accident (CVA), Hemiplegia, Hemiparesis, Dysphagia, Aphasia, Dementia, Epilepsy, Congestive Heart Failure (CHF), Cardiomyopathy, Hypertension (HTN), Arteriosclerotic Heart Disease (ASHD).R2's Care Plan, dated 8/4/25, documents R2 requires assist with daily care needs related to some impaired mobility, cognitive impairment and diagnosis: CVA. R2 has impaired communication related to diagnosis: Aphagia and CVA. R2 is incontinent of bowel and bladder.R2's Minimum Data Set (MDS), dated [DATE], documents R2 has a severe cognitive impairment and requires partial/moderate assistance for Activities of Daily Living (ADLs).R2's Immunization record, dated 3/26/26, documents R2 refused the COVID vaccination.R2's Physician Order, dated 3/26/26, documents Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG (microgram)/0.3 ML (milliliter) (COVID-19 (SARS-CoV-2) mRNA Virus Vaccine) Inject 1 syringe intramuscularly one time only for Preventative for 1 Day.R2's Medication Administration Record (MAR)-Treatment Administrator Record (TAR), dated March 2026, documents Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3 ML (COVID-19 (SARS CoV-2 mRNA Virus Vaccine). Inject 1 syringe intramuscular one time only for Preventative for 1 Day -Start Date- 03/28/2026 1030. This was documented as given on 3/28/26 at 3:52 PM.R2's Progress Note, dated 3/28/26 at 9:41 PM, documents, Covid vaccine given left deltoid, tol (tolerated) well, no s/s (signs/symptoms) of distress.R2's Progress Note, dated 3/28/26 at 9:59 PM, documents, Administered covid vaccine to left deltoid as ordered in MAR, upon attempting to enter into immunizations in (electronic medical record system), noted POA (Power of Attorney) refusal on 3/26/26 ADON, (Assisted Director of Nursing), DON (Director of Nursing), NP (Nurse Practitioner), and (V4, R2's family member) notified. No ASE (adverse side effects) noted 98.3, 76, 18, 124/78, res (resident) resting quietly in bed, no s/s (signs/symptoms) of distress.R2's Progress Note, dated 3/29/26 at 11:00 AM, documents, Resident POA called at lunch today and was inquiring about the COVID shot that resident received yesterday. (V4) was concerned about who manufactured the vaccine and also that resident may get an adverse effect from vaccination. Writer assured POA that we will watch closely for ASE moving forward. Writer told POA we would get a full set of vital signs for 72 hours. POA (Power of Attorney) verbalized understanding. NP (Nurse Practitioner) is aware. Resident is in lunchroom. All needs have been met by staff. No ASE noted today.R2's Progress Note, dated 3/29/26 at 3:17 PM, documents, This nurse was notified by Hall A nurse that this resident's sister POA was upset. This nurse arrived at the (resident's room). Resident was sitting on the edge of his bed, POA sister at bedside. POA stated that last time this resident received his covid vaccine he had a change of condition, of high fevers, and lethargy and was treated in the hospital. This resident was alert and breathing, skin cool and dry, Temp 100.2, resident visibly shaking. Resident lethargic, weak and unable to stand to bear weight. This nurse discussed change in (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	condition with this residents POA (V4), she requested to have resident sent to the hospital for further evaluation. This nurse notified On-Call nurse of transfer to hospital for further evaluation. Ambulance arrived, 2 EMT's (Emergency Medical Technicians) assisted on transfer to (local hospital).R2's Progress Note, dated 3/29/26 at 10:40 PM, documents, Res (resident) returned from ER (emergency room) visit with no changes to meds, hospital reports elevated BP (blood pressure) on discharge, BP at present 211/141, (V7, NP) notified, awaiting response, POA (V4) in facility and requests res be sent to (local hospital) or (regional hospital), call placed to 911 and request for ambulance transfer, report given to oncoming NOC (night) shift nurse, (V7, NP) notified of ambulance transfer at POA request.On 5/4/26 at 11:52 AM, V7, NP, stated, I was notified that (R2) received a COVID vaccination when he was not supposed to. I had them monitor (R2) for 72 hours, including his vital signs, and he had no changes as a result of the vaccination. The COVID vaccination did not affect his blood pressure; he has had problems with that for a long time. I see him every day and he has been deteriorating for a while now, including his walking and talking. I know his daughter wanted him to go to the hospital to be seen even after I told her that he was fine from the vaccination.On 5/4/26 at 12:00 PM, V2, Director of Nursing (DON), stated' I investigated when the nurse gave (R2) a COVID vaccination. (R2) had the correct consent form done and the COVID vaccination was refused, however, the wrong order was put in and the vaccination was given anyway. After the investigation, I disciplined the one who put the order in and that was (V3, ADON).On 5/5/26 at 8:47 AM, V3, ADON, stated, It was my mistake. I was on a roll doing consents for vaccinations and putting in the orders. I had all the consents in a folder in my office that were not scanned yet. (R2's) POA did refuse the vaccination, and I had that on the consent form. I didn't even realize that I put in the COVID order on (R2) until the nurse called me on a weekend telling me what had happened and that (R2's) family member was upset about it.On 5/5/26 at 10:19 AM, V17, LPN, stated, Resident vaccinations are entered by the infection control nurse (V3) and the order pops up on the resident's MAR to give it. I usually check with (V3) to confirm the need for vaccination, then after giving it, I document it given on the forms, including the lot number and things like that. I do not check the consent form because I figure that (V3) did that when she put the order in.On 5/5/26 at 10:25 AM, V19, LPN, stated, Resident vaccinations are entered in the computer and pops up on the MAR to give it. (V3) will let us know when vaccinations are due and that it was confirmed to give. We can view the consent in the computer prior to giving it, but I usually check with (V3) prior to giving the vaccination.On 5/5/26 at 11:05 AM, V2 stated, For vaccinations, if the resident doesn't come with immunizations documented, we do offer them to the residents. We always get consent first and if refused, the order should not be put in the computer. I don't expect the nurses to double check the consent prior to giving a vaccination, because it is generally entered by (V3), and she would have gotten the consent. The consent form is available for the nurse to see in the medical records if they want to check first. I would expect all nurses to review the consent forms and respect a resident's right to refuse a vaccination before writing the order and giving the vaccination.On 5/5/26 at 8:40 AM, V2 stated, We had an COVID outbreak sometime around February so (V3) was doing a lot of COVID vaccinations, sort of like a vaccine clinic offering other vaccinations as well. Yes, I would expect all nurses to review the consent forms and respect a resident's right to refuse a vaccination before writing the order and giving the vaccination.The facility's Medication Administration Policy, dated 2025, documents in part Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. 10. Ensure that the six rights of medication administration are followed: a) Right resident, b) Right drug, c) Right dosage, d) Right route, e) Right time, f) Right documentation.The facility's General Immunization/Vaccination Policy, dated 2025, documents in part It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complication from infectious disease by offering our residents, staff members, and volunteer workers immunization/ vaccination against such diseases. 4. Residents, staff, and volunteer workers will be screened prior to receiving any (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	immunization to ensure eligibility for the specific vaccine(s). 8. Staff, volunteer workers, residents or resident representatives will be required to sign a consent form prior to administration of the vaccine(s). The completed, signed, and dated record will be filed in the individual's medical record, or the staff or volunteer's medical file. (See Immunization /Informed Consent Record). 9. Residents, staff members, and volunteer workers retain the right to refuse immunizations. Mitigating interventions will be specified by the facility if such refusals occur (i.e., masking during influenza season, etc.).The facility's Resident Rights Policy, dated 2026, documents in part 10. All residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. 11. The facility will ensure that all direct care and indirect care staff members, including contractors and volunteer are educated on the rights of residents and the responsibility of the facility to properly care for its residents. Training topics will be appropriate to the individual's role. Resident Rights: The resident has the right to a dignified existence, self-dete1mination, and communication with and access to persons and services inside and outside the facility. 1. Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. 2. Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including: b. The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: iv. The right to receive the services and/or items included in the plan of care. d. The right to be informed by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. e. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Self-Determination: The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a clean/comfortable/homelike environment for 1 of 4 residents (R4) reviewed for environment in a sample of 5. Findings Include: On 05/04/2026 at 10:02 AM, R4's mattress had an area on the head and side of the mattress that was sticky to touch and looked like something had been splattered on the mattress. There was also a white pasty-like substance seen under where the splatter area was. R4's Face Sheet, admission date of 11/7/25, documents she has diagnoses of but not limited to Parkinson's Disease with dyskinesia, morbid (sever) obesity, and hypertension (HTN). R4's Minimum Data Set (MDS), dated [DATE], documents R4 is cognitively intact with a Brief Interview for Mental Status (BIMS) of 15 out of 15, she requires assistance with her activities of daily living (ADLs), and she is incontinent of bowel and bladder. On 05/04/26 at 10:02 AM, R4 said the day before yesterday (05/02/26) at about 10:00 PM she had asked staff to open one of her sodas for her and they dropped it in the trash can that's next to her bed and the soda splattered up on mattress. On 05/04/26 at 3:13 PM, V1, Administrator said if something was spilled on the resident's mattress, she would expect housekeeping or the Certified Nursing Assistant (CNA) to clean it up. On 05/05/2026 at 08:41 AM- V2, Director of Nursing said she would expect staff to clean off the mattress if something was spilled on it. The Facility's Routine Cleaning and Disinfection policy, not dated, documents Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. Definitions: Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents or enzymatic products. It further documents Policy Explanation and Compliance Guidelines: 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to assure that medication orders were processed accurately through the stages of ordering and administering medications by placing an order for a vaccination and then administering the vaccination when the resident's Power of Attorney (POA) had refused it for 1 of 5 residents (R2) reviewed for pharmaceutical services in the sample of 5. The findings include:R2's admission Record, dated 5/4/26, documents R2 was originally admitted to the facility on [DATE] with diagnosis of Metabolic Encephalopathy, Type 2 Diabetes Mellitus (DM), Cerebrovascular accident (CVA), Hemiplegia, Hemiparesis, Dysphagia, Aphasia, Dementia, Epilepsy, Congestive Heart Failure (CHF), Cardiomyopathy, Hypertension (HTN), Arteriosclerotic Heart Disease (ASHD).R2's Care Plan, dated 8/4/25, documents R2 requires assist with daily care needs related to some impaired mobility, cognitive impairment and diagnosis: CVA. R2 has impaired communication related to diagnosis: Aphagia and CVA. R2 is incontinent of bowel and bladder.R2's Minimum Data Set (MDS), dated [DATE], documents R2 has a severe cognitive impairment and requires partial/moderate assistance for Activities of Daily Living (ADLs).R2's Immunization record, dated 3/26/26, documents R2 refused the COVID vaccination.R2's Physician Order, dated 3/26/26, documents, Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG (microgram)/0.3 ML (milliliter) (COVID-19 (SARS-CoV-2) mRNA Virus Vaccine) Inject 1 syringe intramuscularly one time only for Preventative for 1 Day.R2's Medication Administration Record (MAR)-Treatment Administrator Record (TAR), dated March 2026, documents, Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3 ML (COVID-19 (SARS CoV-2 mRNA Virus Vaccine). Inject 1 syringe intramuscular one time only for Preventative for 1 Day -Start Date- 03/28/2026 1030. This was documented as given on 3/28/26 at 3:52 PM.R2's Progress Note, dated 3/28/26 at 9:41 PM, documents, Covid vaccine given left deltoid, tol (tolerated) well, no s/s (signs/symptoms) of distress.On 5/4/26 at 11:52 AM, V7, Nurse Practitioner (NP), stated, I was notified that (R2) received a COVID vaccination when he was not supposed to. I had them monitor (R2) for 72-hours, including his vital signs, and he had no changes as a result of the vaccination.On 5/4/26 at 12:00 PM, V2, Director of Nursing (DON), stated, I investigated when the nurse gave (R2) a COVID vaccination. (R2) had the correct consent form done and the COVID vaccination was refused, however, the wrong order was put in and the vaccination was done anyway. After the investigation, I disciplined the one who put the order in and that was (V3, ADON/Infection Preventionist).On 5/5/26 at 8:47 AM, V3 stated, It was my mistake. I was on a roll doing consents for vaccinations and putting in the orders. I had all the consents in a folder in my office that were not scanned yet. (R2's) POA did refuse the vaccination, and I had that on the consent form. I didn't even realize that I put in the COVID order on (R2) until the nurse called me on a weekend telling me what had happened and that (R2's) family member was upset about it.On 5/5/26 at 8:40 AM, V2 stated, We had a COVID outbreak sometime around February so (V3) was doing a lot of COVID vaccinations, sort of like a vaccine clinic offering other vaccinations as well. I would expect all nurses to review the consent forms and respect a resident's right to refuse a vaccination before writing the order and giving the vaccination.On 5/5/26 at 11:05 AM, V2 stated, For vaccinations, if the resident doesn't come with immunizations documented, we do offer them to the residents. We always get consent first and if refused, the order should not be put in the computer. I don't expect the nurses to double check the consent prior to giving a vaccination, because it is generally entered by (V3), and she would have gotten the consent. The consent form is available for the nurse to see in the medical records if they want to check first.The facility's Medication Administration Policy, dated 2025, documents in part, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145585	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Caseyville	601 West Lincoln Avenue Caseyville, IL 62232

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	infection. 10. Ensure that the six rights of medication administration are followed: a) Right resident, b) Right drug, c) Right dosage, d) Right route, e) Right time, f) Right documentation.