

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER LA Bella of Alton		STREET ADDRESS, CITY, STATE, ZIP CODE 3490 Humbert Road Alton, IL 62002	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on Interview and Record Review the facility failed to accommodate and inform 1 of 5 residents (R5) of change in shower schedule.</p> <p>Findings include:</p> <p>R5's Face sheet documents an admitted [DATE]. Diagnosis include Congestive Heart Failure, Atherosclerotic Heart Disease, Protein Calorie Malnutrition, Gastrointestinal Hemorrhage.</p> <p>R5's Minimum Data Set, MDS, dated [DATE] documents R5 has no cognitive deficits and requires partial/moderate assist with showering.</p> <p>R5's Care Plan with a revision date of 10/24/2022 documents R5 has an activity of daily living, ADL's, self-care performance deficit related to ADL needs and participation vary, Fatigue, Impaired balance, Limited Mobility, Weakness. Resident is currently receiving skilled therapy services with goal of returning home upon completion of rehab. Interventions include Bathing: Physical Limited - assist/1 staff.</p> <p>R5's progress notes dated 7/6/2024 at 11:04AM documents R5 very upset about many things going on. R5 is upset about the shower change schedule and states she wasn't given an option. R5 filed a grievance with the Social Services Director, SSD, last week, and is wanting to talk to the Director of Nursing, DON, to get things cleared up. SSD will email the DON about talking to the R5.</p> <p>Grievance dated 7/1/2024 documents R5 stating Director of Nursing, DON, changed shower schedule causing resident to miss therapy this morning. R5 states lots of schedules have been changed without telling residents. Findings of Investigation: R5 stated that evening showers are better for her. R5 would like showers on Wednesday evening and Saturday evening.</p> <p>R5's shower sheets dated 7/4/2024 documents R5 refused shower and stated She's not changing shower days.</p> <p>R5's shower sheet dated 7/8/2024 documents Refused very upset.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/9/2024 at 9:45AM, V5, Certified Nursing Assistant, CNA, stated the shower schedule has been changed and is still being worked out. The residents have set shower days. We have had some residents complain about not liking their shower days and as far as I know the shower days have not been changed to what they want. R5 was really upset about it.</p> <p>On 7/9/2024 at 10:55AM stated V6, R2's Power of Attorney, POA, stated R2 was scheduled showers in the evening, and she struggles with evenings. She has Sundowners. I try not to even visit her of an evening, because she gets so upset and cries. I don't know if the shower situation has been fixed. They didn't even ask her family if evening showers would work for her. I haven't been able to talk to anyone in management about it yet. I talked to the staff, and they said they were told schedules were not to be changed back.</p> <p>On 7/9/2024 at 2:00PM R5 stated - They changed the shower schedule, and no one knew it was going to change. They didn't tell anybody even the Certified Nursing Assistants, CNA's. I was so mad I refused showers for a while. I did my own protest.</p> <p>On 7/9/2024 at 2:30PM V2, Director of Nursing, DON, stated she was not aware of grievance filed by R5. V2 stated the schedule can be tweaked to accommodate residents preferences.</p> <p>Facility's undated ADL policy states Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p>		