

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 07/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>33112</p> <p>Based on interview, observation, and record review, the facility failed to provide the physician prescribed medication. There were 25 opportunities with 2 errors resulting in a 8% medication error rate. The errors involved R13 in the sample of 22.</p> <p>Findings include:</p> <p>On 7/23/24 at 5:21 AM V12, Licensed Practical Nurse (LPN), went to her medication cart to prepare R13's 5:00 AM medications. V12 was unable to locate the Levoxyl or the Omeprazole that was prescribed for R13. V12 stated that these medications have been ordered but have not come in yet.</p> <p>R13's July 2024 Physician Orders, documents, Levoxyl Tablet 88 MCG (micrograms) (Levothyroxine Sodium) Give 1 tablet by mouth one time a day for low thyroid hormone. This medication is scheduled for 5:00 AM.</p> <p>R13's July 2024 Physician Orders documents Omeprazole Oral Tablet Delayed Release 20 MG (milligrams) (Omeprazole). Give 1 tablet by mouth one time a day for GI (gastrointestinal). This medication is scheduled for 5:00 AM.</p> <p>R13's July 2024 Medication Administration Record documents that the Levoxyl and the Omeprazole were not available to give.</p> <p>On 7/23/24 at 2:30 PM, V13, LPN, stated, (R13's) Levoxyl was found in the medication room and the Omeprazole is over the counter. V13 was questioned if she gave the 2 medications on her shift, V13 stated, No.</p> <p>The policy Administering Medication, dated 4/2019, documents, Medications are administered in accordance with prescriber orders, including required time frame. This policy fails to document what the procedure is if the medication is not available.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on observation, interview and record review, the Facility failed to operationalize their policy and procedures for testing and tracking COVID-19; wear appropriate PPE (Personal Protective Equipment), clean multi-use equipment, and perform hand hygiene after resident encounter of a COVID-19 resident, and post signage indicating the Facility is in COVID-19 outbreak. This failure has the potential to affect all 126 residents living in the Facility.</p> <p>Findings include:</p> <p>1-The Facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents the Facility's COVID-19 Outbreak began on 7/1/24.</p> <p>R6's Progress Notes document R6 was sent to the hospital for cough on 7/5/24 and returned on 7/10/24.</p> <p>R6's COVID Monitoring Assessment documents COVID-19 testing was not completed following hospitalization until four days later on 7/14/24.</p> <p>R6's Medical Records fail to document R6 was tested for COVID-19 upon 7/10/24 return to the Facility.</p> <p>2-The Facility's Census Lists from 7/10/24 through 7/13/24 document R6 and R15 both resided in same room.</p> <p>R15's Progress Note dated 7/14/24 documents R15 tested positive for COVID-19 on 7/13/24 and was moved to a new room for isolation.</p> <p>R6's COVID Monitoring assessment dated [DATE] documents R6 was exposed to someone with signs and symptoms of COVID-19 and tested positive for COVID-19 on 7/14/24.</p> <p>R6's Medical Records fail to document R6 was tested for COVID-19 immediately after roommate R15 tested positive on 7/13/24, despite having been roommates for the three preceding days.</p> <p>3-The Facility's Census List from 7/8/24 documents R21 and R22 both resided in same room.</p> <p>R22's Progress Note dated 7/9/24 documents R22 tested positive for COVID and was moved to another room.</p> <p>R21's Progress Notes document R21 was tested for COVID-19 on 7/7/24 and was not retested until 7/18/24.</p> <p>R21's Medical Record fails to document R21 was tested for COVID-19 between 7/7/24 and 7/18/24 which was 9 days after roommate R22 tested positive for COVID-19.</p> <p>4-The Facility's Census List from 7/7/24 documents R3 and R5 both resided in room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R3's Progress Note dated 7/8/24 documents R3 tested positive for COVID-19 and was moved to another room for isolation.</p> <p>R5's Progress Notes document R5 was tested for COVID-19 on 7/5/24 and was not tested again until 7/14/24.</p> <p>R5's COVID Monitoring Assessment was completed on 7/5/24 and was not completed again until 7/14/24.</p> <p>R5's Medical Record fails to document R5 was tested for COVID-19 between 7/8/24 and 7/14/24 which is 6 days after roommate R3 tested positive.</p> <p>On 7/23/24 at 10:05 AM, V3, Assistant Director of Nursing/Infection Preventionist (ADON/IP), stated COVID-19 testing is documented in the Electronic Medical Record (EMR) and is sometimes sporadic because they cannot always test everyone in a single day. She stated she does not keep specific testing logs and enters all tests and results in the resident EMR, either in the Progress Notes or in the COVID Monitoring Assessment. She stated they aim to test the residents every 3 days, but at the very least it is done every 7 days, per policy.</p> <p>On 7/25/24 at 8:55 AM, V1, Administrator, stated she expects the Facility to follow policies regarding infection control.</p> <p>The Facility's Coronavirus Disease (COVID-19) - Testing Staff Policy revised June 2023 documents, When utilizing broad-based testing, all residents and staff identified as close contacts or on the affected unit(s) are tested , regardless of vaccination status. Testing is done immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Admission testing is done at the discretion of the facility based on recommendations from the public health authorities in the facility. If admission testing is conducted, residents are tested upon admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. A resident who leaves the facility for 24 hours or longer is managed as an admission. For facility outbreak testing, the following is documented: a. The date the case was identified; b. The dates that all other residents were tested ; c. The dates that residents who tested negative were retested ; and d. The results of all tests. The resident record includes that testing was offered, testing was completed (as appropriate to the resident's testing status), the results of the test and specific actions taken with the resident. If the resident refused the test, the stated reason and how this was addressed is documented.</p> <p>33112</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. On 4/23/24 at 5:35 AM, R7's door had signage that R7 is on droplet precautions and to see the nurse before entering. V12, Licensed Practical Nurse, prepared AM medications for R7 which included Hydralazine 50 mg. V12 obtained a multi-use blood pressure cuff and stethoscope and entered R7's room with a N95 mask on. V12 obtained R7's blood pressure in the right arm, gave R7 the medication cup, and a cup of water. R7 swallowed the pill and drank sips of water. V12 took the medication and water cup from R7 and threw it away. V12 exited the room. V12 was questioned why R7 was on droplet precautions, V12 stated, COVID. V12 placed the blood pressure cuff and stethoscope on top of her medication cart. V12 returned to the nurses station with her medication cart, V12 then took the stethoscope and the blood pressure cuff and placed it on the 400 hall cart. V12 failed to clean the equipment or the top of the medication cart. V12 was questioned why she did not perform hand hygiene, wear the required PPE (personal protective equipment), or disinfect the multi-use equipment, V12 stated, I just forgot.</p> <p>On 7/24/24 at 10:52 AM, V1 stated, (V12) knows better than that. I send people home immediately if I see them enter a covid room with out the PPE on. They should be using disposable equipment on isolation residents.</p> <p>The policy Coronavirus Disease - Using Personal Protective Equipment, dated 5/23, documents, When caring for a resident with suspected or confirmed SARS-COV-2 infection, personnel who enter the room of the resident will adhere to standard precautions and use a NIOSH - approved N95 or equivalent or higher - level respirator, gown gloves, and eye protection.</p> <p>The policy Coronavirus Disease - Cleaning and Disinfecting, dated 5/23, documents, 4. Dedicated medical equipment is used when caring for a resident with suspected or confirmed SARS-CoV-2 infection. 5. All non-dedicated, non - disposable medical equipment used for that resident is cleaned and disinfected according to manufacturer's instructions and facility policies before us on another resident.</p> <p>The policy Hand Washing / Hand Hygiene, dated 8/2029, documents, 8. hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>6. On 7/22/24 at 8:45 AM, upon entrance, there was no sign or posting indicating that the facility is in Covid outbreak status.</p> <p>On 7/22/24 at 8:50 AM, V2, Director of Nurses, stated that the facility does have a Covid outbreak.</p> <p>The policy Coronavirus Disease - Visitor and Communal Activities, dated 6/23, documents, visual alerts at the entrance and throughout the facility with instructions regarding current infection prevention and control recommendations.</p> <p>The Facility's Census List dated 7/19/24 documents there are 126 residents living in the Facility.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>45947</p> <p>Based on interview and record review, the Facility failed to employ a qualified Infection Preventionist (IP) with specialized training needed to track Facility infections and prevent the spread of infectious diseases, including COVID-19. This has the potential to affect all 126 residents living in the Facility.</p> <p>Findings include:</p> <p>The Facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities documents the Facility has been in COVID-19 Outbreak Status since 7/1/24.</p> <p>On 7/23/24 at 12:15 PM, V3, Assistant Director of Nursing/Infection Preventionist (ADON/IP), stated she does not have the IP certification, but is currently working on the training.</p> <p>On 7/25/24 at 8:30 AM, V1, Administrator, stated V2, Director of Nursing (DON) and V7, Minimum Data Set (MDS) Coordinator, oversee infection control since V3, ADON/IP is not yet certified. She stated V2 and V7 both have full time roles, in addition to overseeing infection control.</p> <p>On 7/25/24 at 8:55 AM, V1, Administrator, stated she expects the Facility to follow policies regarding infection control.</p> <p>The Facility's Infection Preventionist Policy revised 8/2022 documents, The infection preventionist is responsible for coordinating the implementation and updating of the infection prevention and control program. The infection preventionist is qualified by education, training, experience and/or certification and has sufficient knowledge to perform the role. The Policy documents, The infection preventionist has obtained specialized IPC training beyond initial professional training or education prior to assuming the role and Evidence of training is provided through a certificate(s) of completion or equivalent documentation.</p> <p>The Facility's Census Report dated 7/19/24 documents there are 126 residents living in the Facility.</p>		