

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  10/04/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45947</p> <p>Based on interview and record review, the Facility failed to respond to call lights in a timely manner for 3 (R1, R3, and R7) of 7 residents reviewed for adequate and timely care in the sample of 8.</p> <p>Findings include:</p> <p>1-R1's Face Sheet documents R1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, congestive heart failure, and aphasia, hemiplegia, and hemiparesis following cerebral infarction.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documented R1 was moderately cognitively impaired, required partial/moderate assistance with toileting and transfer, required substantial/maximal assistance with rolling from side to side, had colostomy, and was occasionally incontinent of urine.</p> <p>R1's Care Plan initiated 1/26/23 documents R1 has a self-performance deficit with activities of daily living and is frequently incontinent of urine.</p> <p>On 10/3/24 at 8:50 AM, R1 was lying in bed in her room. She was unable to articulately express responses, but was able to nod her head yes and no with continued attempts at verbalization. R1 nodded yes and no when asked about specific time frames for call lights and indicated staff usually take around 20 minutes to answer the call light which she feels is too long. She pointed at her incontinent brief which was saturated and indicated she needed to be changed.</p> <p>2-R3's Face Sheet documents R3 was admitted to the facility on [DATE] with diagnoses including acute respiratory failure, severe protein calorie malnutrition, and need for assistance with personal care.</p> <p>R3's MDS dated [DATE] documented R3 was cognitively intact and always incontinent of bowel and bladder. R3's mobility was not assessed.</p> <p>R3's Care Plan initiated 4/28/23 documents R3 has a self-performance deficit with activities of daily living and requires extensive assistance with activities of daily living and transfer.</p> <p>On 10/3/24 at 8:52 AM, R3 was lying in bed in her room. She stated call lights take a long time to get answered, especially on the midnight shift.</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 10/3/24 at 1:25 PM, R3 stated, It makes me feel like I want to get out of here. It is hard, and I have a muscle disease where I'm supposed to be turned every 2 hours and I always have to push my call light and remind them.</p> <p>3-R7's Face Sheet documents R7 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, right above the knee amputation, and left below the knee amputation.</p> <p>R7's MDS dated [DATE] documented R7 was moderately cognitively impaired.</p> <p>The Facility's Grievance/Complaint Report dated 8/2/24 by R7 documents, Call light responses take too long.</p> <p>On 10/3/24 at 2:40 PM, R7 was sitting in his wheelchair in his room. He stated, They (call lights) have gotten worse than before. They take so long I just go ahead and clean myself up.</p> <p>The Facility's Grievance/Complaint Report dated 7/19/24 by Resident Council Group documents, CNA's (Certified Nursing Assistants) are doing the best they can however it is still taking them a bit longer to answer call lights in a timely manner.</p> <p>The Facility's Anonymous Grievance/Complaint Report dated 9/23/24 documents, Res (Resident) reports waiting 4 hrs (hours) for help getting out of bed over the weekend. 9/22 waited 40-50 minutes for call light responses.</p> <p>The Facility's Grievance/Complaint Report dated 9/30/24 by V7, R2's Family, documents, Concerned about call light times.</p> <p>On 10/3/24 at 8:40 AM, V4, CNA, stated she usually has no trouble answering call lights timely unless they are really short staffed, but today someone called off and another person went home sick.</p> <p>On 10/4/24 at 12:06 PM, V2, Director of Nursing (DON), stated she expects call lights to be answered timely, and if staff are busy at that time, she would expect them to pop their head in the door and tell them they will assist them as soon as possible.</p> <p>On 10/4/24 at 12:08 AM, V1, Administrator stated he does not have policies on call lights or resident rights.</p>		