

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 05/01/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43794</p> <p>Based on interview and record review the facility failed to change an indwelling urinary catheter per Physician order and failed to perform urinary catheter care per Physician order for 2 of 3 (R1, R3) residents reviewed for quality of care.</p> <p>Findings include:</p> <p>1.R1's EMR (Electronic Medical Record) undated documents that the resident was admitted to the facility on [DATE].</p> <p>R1's EMR dated 12/31/24 documents a diagnosis of unspecified injury at unspecified level of cervical spinal cord, subsequent encounter and pressure ulcer of sacral region, stage 4.</p> <p>R1's Care Plan dated 2/05/25 documents The resident has Indwelling Catheter r/t (related to) Urinary Retention related to neurogenic bladder secondary to Cervical spine injury and Pressure Injury.</p> <p>R1's MDS (Minimum Data Set) dated 3/4/25 documents a BIMS (Brief Interview for Mental Status) score of 15 out of 15. The MDS documents that the resident requires partial/moderate assistance for roll left and right. The MDS documents that the resident requires substantial/maximal assistance for sit to lying and lying to sitting on side of bed. The MDS documents that the resident is dependent for sit to stand, chair/bed to chair transfer, and tub/shower transfer. The MDS documents that the resident has an indwelling catheter.</p> <p>R1's Physician Order dated 2/22/25 documents (Urinary) Catheter care and securement device q (every) shift and PRN (as needed) Please change (urinary) catheter monthly starting 2/22/25; every 1 month(s) starting on the 22nd for 28 day(s) for Prophylaxis.</p> <p>On 4/30/25 at 11:09 AM, R1 stated that he has not had his catheter changed since he was admitted . He stated that it should be changed every month.</p> <p>On 4/30/25 at 1:14 PM, V3, Wound Nurse/Licensed Practical Nurse (LPN) stated that she missed the order to change (R1's) catheter because it was combined with another order. She stated that she would change his catheter now and separate the order, so it does not happen again.</p> <p>2.R3's EMR undated documents that the resident was admitted to the facility on [DATE].</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's EMR dated 8/3/24 documents a diagnosis of acute kidney failure, unspecified.</p> <p>R3's EMR dated 3/18/24 documents a diagnosis of neuromuscular dysfunction of bladder, unspecified.</p> <p>R3's EMR dated 4/11/25 documents a diagnosis of retention of urine, unspecified.</p> <p>R3's Care Plan dated 4/11/25 documents The resident has an Indwelling (urinary) Catheter r/t diagnosis of Neurogenic bladder and urinary retention.</p> <p>R3's MDS dated [DATE] documents a BIMS score of 15 out of 15. The MDS documents that the resident has an indwelling catheter. The MDS documents that the resident requires supervision or touching assistance for roll left and right. The MDS documents that the resident requires partial/moderate assistance for sit to lying. The MDS documents that the resident requires substantial/maximal assistance for lying to sitting on side of bed and sit to stand. The MDS documents that the resident is dependent for chair/bed to chair transfer and toilet transfer.</p> <p>R3's Physician Order dated 3/9/25 documents (Urinary) Catheter Care; every shift AND as needed for soiling or leakage.</p> <p>On 4/30/25 at 11:20 AM, R3 stated . the (facility) staff do not clean it every shift.</p> <p>On 4/30/25 at 1:35 PM, V8, CNA (Certified Nursing Assistant) stated that urinary catheter care should be done every shift. She stated that she has not completed catheter care for (R3) yet today.</p> <p>On 4/30/25 at 1:41 PM, V9, CNA stated that she does catheter care every time she changes a resident. She stated that she has not done catheter care on (R3).</p> <p>On 4/30/25 at 2:09 PM, V8 was questioned about urinary catheter care for (R3). She stated that the midnight shift switched (R3's) leg bag to the regular bag. She stated that she did not complete catheter care for (R3).</p> <p>Facility's Policy Catheter Care, Urinary dated August 2022 documents The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections.</p>		