

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 06/16/2025
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** Based on observations, interviews and record reviews the facility failed to provide complete incontinent care to prevent urinary tract infections (UTI) for 1 of 3 residents (R68) reviewed for incontinent care in a sample of 66.</p> <p>Findings include:</p> <p>R68's Face Sheet documented she was admitted to the facility on [DATE] with diagnoses of, in part, hemiplegia, dementia, and schizophrenia.</p> <p>R68's Physician's Order, with start date of 6/1/25 and end date of 6/6/25, documented Amoxicillin-Pot Clavulanate Tablet 875-125 mg (milligrams), give 1 tablet by mouth every 12 hours for UTI for 5 days.</p> <p>R68's Minimum Data Set (MDS) dated [DATE] documented she was severely cognitively impaired.</p> <p>R68's Care Plan dated 4/24/25 documented she has an ADL (activities of daily living) self-care performance deficit, needs and participation may vary r/t (related to) Dementia. R68's Care Plan also documented on 12/20/2023 R68 has urinary incontinence and included an intervention of providing incontinent/peri-care PRN (as needed).</p> <p>On 6/11/25 at 12:45 PM, V23, Certified Nursing Assistant, CNA, wheeled R68 to her room and assisted her to the toilet. R68's incontinent brief was soiled, and she continued to have a bowel movement on the toilet. When R68 was done using the toilet, V23 wiped R68's rectum region but did not wipe her front peri region before putting a new brief on and pulling her pants up.</p> <p>6/11/25 at 1:50 PM V29, CNA, stated during peri care for a resident that is incontinent and uses the toilet, she always wipes their front region and back never just the back if they have a bowel movement.</p> <p>6/12/25 at 9:19 AM, V31, CNA stated whenever a female resident has soiled their brief and needs a new one or uses the toilet, she would wipe entire perineal vaginal region and the rectum completely, not just the rectum.</p> <p>6/12/25 at 9:20 AM, V36, CNA, stated she would completely clean and wipe a female resident's front vaginal region and rectum after being incontinent, at the toilet or in the bed.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/25 at 11:43 AM, V1, Administrator, stated she expects peri-care to be performed completely.</p> <p>The facility's Incontinent Care Policy dated 2/2018 documented for a female resident wash perineal area, wiping from front to back; wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks</p>