

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  LA Bella of Danville		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 North Bowman Danville, IL 61832	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</b></p> <p>Based on observation, interview and record review the facility failed to complete wound dressing changes as ordered by the wound care physician. This failure affects one resident (R1) out of three residents reviewed for wound care on a sample list of nine. This failure resulted in R1's wounds becoming repetitively infested with parasitic fly larvae (maggots) requiring sanitation, causing pain and causing the wound to deteriorate.</p> <p>Findings include:</p> <p>R1's medical record documents admission to the facility on [DATE] with diagnoses of Acute Kidney Failure, Type II Diabetes Mellitus, Morbid Obesity, Benign Prostatic Hypertrophy, Lymphedema, Dementia, Falls, Wounds, Weakness, Malaise, and Anxiety.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 is cognitively intact.</p> <p>R1's Wound Evaluation and Management Summary dated 8/7/24 by V16 Wound Physician documents wounds of the right, anterior, medial leg size 8 centimeters by 5 centimeters by 0.1 centimeter (cm); the right lateral leg size 17 cm by 6cm by 0.01cm; the left calf size 18cm by 10cm by 0.05cm and the left anterior leg size 20cm by 16cm by 0.05cm. The wound care order includes the application of 0.1% Triamcinolone cream to both legs with 4-layer compression wraps from ankle to knee, twice a week.</p> <p>On 8/19/24 at 12:18PM, V10 Wound Nurse said on the evening of 8/12/24, V14 Licensed Practical Nurse notified her she found maggots in R1's leg dressing and in his wheel chair. V10 Wound Nurse said she notified V16 Wound Physician and he ordered R1's legs to be washed with Betadine (antiseptic), and an abdominal dressing pad with gauze wrap followed by a pressure wrap every other day for 30 days.</p> <p>R1's Wound Evaluation and Management Summary dated 8/13/24 by V16 Wound Physician documents the right, anterior, medial leg wound measured 16cm by 14cm by 0.1cm and has declined. The wound evaluation completed on 8/20/24 documents the wound has continued to decline. The evaluation documents the right, lateral leg wound measured 18cm by 10cm by 0.01cm and a new wound was evaluated on the right lateral foot measuring 4cm by 6cm by 0.1cm. V16 Wound Physician documented on 8/20/24 R1's right leg wounds continue to decline.</p> <p>On 8/15/24, V10 Wound Nurse documented she completed the prescribed dressing changes on R1's wounds. However, no documentation of the appearance, size, drainage or condition of the wounds was found in R1's medical record 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 145753	If continuation sheet Page 1 of 6

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/17/24, V22 Registered Nurse (RN) documented she completed the prescribed dressing changes on R1's wounds. However, no documentation of the appearance, size, drainage or condition of the wounds was found in R1's medical record on date.</p> <p>On 8/19/24 at 9:00AM, R1 was sitting near the nurse's station in a wheel chair with R1's legs wrapped. R1 said he had terrible pain in his legs and feet and behind his eye. R1 said the pain in his legs had been worse recently, but he didn't know why, and he needed someone to address it.</p> <p>On 8/19/24 at 9:25AM, R1's resident room, consisting of four residents, smelled strongly of urine and had two fly strips hanging in the room. One fly strip had six flies on it.</p> <p>On 8/19/24 at 9:30AM, R1's bilateral leg and foot dressings were saturated with thick yellow drainage and with urine. V2 Director of Nursing (DON) removed R1's right lateral and medial leg wound dressings and the dressing pulled away from the wound contained 7 adult size (length of a diameter of a dime) live maggots. At this time, V2 DON said this is the second time R1 has gotten maggots in the facility, as he was notified R1 had maggots in his wounds last Monday. V2 DON said this is unacceptable care. R1 was complaining of pain as the dressing was removed and asking V2 DON to please re-wrap his legs.</p> <p>On 8/19/24 at 4:00PM, V22 RN confirmed she did not perform a dressing change on 8/17/24 and R1 did not refuse, but rather we only had three Certified Nursing Assistants (CNAs) and the nurses were having to help pass trays and feed and I just got busy and forgot to do it after I charted it.</p> <p>On 8/19/24 at 10:10AM, V13 Nurse Practitioner (NP) stated, This has to be dealt with immediately. It could have been prevented and it could certainly have made the wound worse causing infection. This is unacceptable care.</p> <p>On 8/19/24 at 2:48PM, V16 Wound Physician said based on the size of the maggot, he questioned whether the dressings were being changed as ordered. V16 said maggots cause concern for infection, and he told the staff to move the resident to a private room and deep clean the room.</p> <p>On 8/20/24 at 9:30AM, V1 Administrator confirmed had the dressing changes been completed as ordered, maggot infestation could have potentially been prevented or at least caught sooner.</p> <p>On 8/20/24 at 11:00AM, V10 Wound Nurse stated she had suggested alternative pain control to V13 NP because of R1's pain with dressing changes, including Gabapentin and R1's wounds weren't getting better.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42702</p> <p>Based on observation, interview and record review the facility failed to provide a diet as ordered for five (R1, R3, R6, R8 and R9) of five residents with diabetes reviewed for diabetic diet orders from a total sample list of nine residents reviewed.</p> <p>Findings include:</p> <p>The facility Physician Order Policy dated 11/2023 documents that after an order is received and confirmed, it will be completed as directed by the prescriber.</p> <p>The facility provided menu dated 8/20/24 documents one option for all residents for breakfast meal, lunch meal and dinner meal.</p> <p>The facility provided diet order report documents that R1, R3, R6, R8 and R9 all have orders for a low concentrated sweets diet.</p> <p>The facility provided undated menu cards document orders for a carbohydrate controlled diet/low concentrated sweet diet for R1, R3, R6, R8 and R9.</p> <p>On 8/20/24 at 8:45AM, ravioli and sauce was being made for lunch for the residents. V18 [NAME] confirmed that this was the only entree available for lunch.</p> <p>1. R1's undated diagnoses list includes: Acute Kidney Failure, Type II Diabetes Mellitus, Morbid Obesity, Benign Prostatic Hypertrophy, Lymphedema, Dementia, Falls, Wounds, Weakness, Malaise, and Anxiety.</p> <p>R1's physician order dated 10/30/22 documents an order for a low concentrated sweet / no added salt diet.</p> <p>R1's physician order dated 10/5/23 documents to give 23 units of Novolog (Aspart) Insulin before meals.</p> <p>R1's physician order dated 12/15/22 documents to give 45 units of Basaglar Insulin daily.</p> <p>2. R3's undated diagnoses list includes: Cerebral Vascular Incident, Type II Diabetes Mellitus, Pseudobulbar Affect Disorder, Dysphasia, Dementia, Left Above Knee Amputation, Anxiety, Alzheimer's, Weakness, Stage Four Pressure Ulcer, Depression, and Malaise.</p> <p>R3's quarterly nutritional assessment dated [DATE] documents a dietary order for low concentrated sweets.</p> <p>R3's physician order dated 6/19/23 documents an order for Glargine Insulin to give 40 units twice daily.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. R6's undated diagnoses list includes: Type II Diabetes Mellitus, Morbid Obesity, Uterine Cancer, Peripheral Vascular Disease, Gastroesophageal Reflux Disease, Panic Disorder, Anxiety, Difficulty Walking, and Hydronephrosis.</p> <p>R6's quarterly nutritional assessment dated [DATE] documents a low concentrated sweets diet order.</p> <p>4. R8's undated diagnoses list includes: Surgical Amputation, Sepsis, Type II Diabetes Mellitus, Cognitive Communication Deficit, Mood Disorder, Cerebral Atherosclerosis, Chronic Kidney Disease Stage 3, Absence of right toes in 2018 and 2019, Schizophrenia, Autism, Mild Intellectual Disability, and Heart failure.</p> <p>R8's quarterly nutritional assessment dated [DATE] documents a dietary order for low concentrated sweets.</p> <p>R8's physician orders dated 8/6/24 document Aspart Insulin 7 units to be given before meals, Glargine Insulin 14 units to be given daily and Novolog Insulin per sliding scale to be given based on blood sugar.</p> <p>5. R9's undated diagnosis list includes: Diabetes Mellitus Type I with Hypoglycemia, Hyperglycemia, and Other Diabetic and Neurological Conditions; Depression, Weakness, Falls, Malnutrition, Congestive Heart Failure, Cardiomyopathy, Anxiety, Insomnia, and Atherosclerosis.</p> <p>R9's quarterly nutritional assessment dated [DATE] documents a dietary order for low concentrated sweets.</p> <p>R9's physician orders dated 3/22/24 document Glargine Insulin to give 10 units in the evening and 17 units in the morning.</p> <p>R9's physician orders dated 5/25/24 document Lispro Insulin to give 2 units three times a day before meals and as needed per sliding scale before meals and before bed.</p> <p>On 8/20/24 at 8:45AM, V18 [NAME] confirmed the breakfast served to all residents was a biscuit, sausage gravy, and a banana. V18 [NAME] stated there are no different menus for residents with diabetes.</p> <p>On 8/20/24 at 8:49AM, V19 Dietary Assistant Manager stated they always provide everyone with the same meal, there are no differences in portions size or the food or carbohydrates for diabetics.</p> <p>On 8/20/24 at 8:55AM, V2 Director of Nursing said he was unaware that the diabetic residents were not getting a diabetic (low concentrated sweet) diet and that giving them a regular diet could cause their blood sugar to elevate causing health problems.</p> <p>On 8/20/24 at 9:50AM, V21 Registered Dietician said she was unaware the staff were not serving a low concentrated sweets diet to the diabetics. V21 said this failure could cause residents to have weight gain, uncontrolled blood sugars, could lead to poor circulation and wound healing. This could have caused resident harm.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to have an effective pest management program in place allowing flies to proliferate in the facility. This failure has the potential to affect all 141 residents who reside in the facility.</p> <p>Findings include:</p> <p>The Resident List Report dated 8/19/24 documents 141 residents reside in the facility.</p> <p>The facility Pest Control Policy dated 3/2024 documents the Environmental Services Director will be responsible for coordinating the facility pest control program. The pest control program will be conducted on a regular and as needed basis. Outside openings shall be protected against the entrance of insects by tight-fitting, self-closing doors, closed windows, screening, controlled air current or other means. All buildings will be tight-fitting and free of breaks.</p> <p>The facility contracted pest control program service reports from April 2024 to August 2024 do not document flies as an area of concern or attention.</p> <p>On 8/19/24 at 8:55AM, V3 Staffing Coordinator said there were usually a lot of flies near the front of the building.</p> <p>On 8/19/24 at 9:10AM, R5's room had a hanging fly strip in her window. R5 said she had to have one because the flies were so bad over the past 2-3 months. R5 said she didn't think it was ok for flies to be in the facility, I can't do anything about them.</p> <p>On 8/19/24 at 9:12AM, R4's room had a hanging fly strip over his bed. More than 50 flies were attached to it. R4 said he must have a fly strip due to all of the flies in the facility. They are really bad.</p> <p>On 8/19/24 at 9:17AM, V7 LPN stated, Too many of my residents have to use fly strips to keep the flies off of them. It's ridiculous.</p> <p>On 8/19/24 at 9:25AM, R1's resident room had two fly strips hanging in the room. One had six flies on it and the other had one.</p> <p>On 8/19/24 at 9:25AM, the fly light by the courtyard door was completely covered with flies. V11 Maintenance Director said the company didn't leave any spare filters to change it out.</p> <p>On 8/19/24 at 9:30AM, V2 Director of Nursing confirmed a resident currently residing in the facility had maggots found in his wounds on two separate occasions in the past week.</p> <p>On 8/20/24 at 8:40AM, two flies were observed in V1 Administrator's office.</p> <p>On 8/20/24 at 2:30PM, fly strips were observed with flies on them in four additional resident rooms.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/19/24 at 3:10PM, V17 Contracted Pest Control Representative (CPCR) assessed the fly strip in a resident room and counted 10 flies which V17 confirmed as house flies.</p> <p>On 8/19/24 at 3:15PM, V17 Contracted Pest Control Representative said they had not been notified until today there was an issue with flies. V17 stated, There is always something can be done to control pests and I recommend fly lights. The fly strips in the rooms are not ours, so neither I, nor my crew knew the extent to which they were in the buildings.</p> <p>On 8/19/24 at 3:30PM, V17 CPCR said he did an inspection of the building and has located areas where flies are entering the facility. V17 said the flies were able to enter through the air conditioning units and there was standing water provided a breeding site for flies just outside of the building. V17 said he shared this information with V11 Maintenance Director.</p> <p>On 8/19/24 at 9:20AM, V11 Maintenance Director stated, Flies aren't pests! We do have fly traps on all the halls, and I ordered fly lights, but they aren't here yet. I have a whole box of fly strips, we supply them. We have a light at the door out to the courtyard (provided by our Pest Control Company).</p>