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| 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 04/17/2025 |
| 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) |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to report an allegation of abuse involving two (R9, R10) residents out of four residents reviewed for abuse in a sample list of 11 residents.</p> <p>Findings include:</p> <p>The facility policy titled Abuse, Neglect, Exploitation and Misappropriation Program -Reporting and Investigating reviewed September 2024 documents residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This same documents if the Administrator cannot immediately refute the allegation relating to resident to resident abuse, neglect, exploitation, and/or misappropriation, the Administrator initiates a thorough investigation, completes and submits initial reports to the required agencies, and notifies local authorities.</p> <p>R10's Minimum Data Set (MDS) dated [DATE] documents R10 as severely cognitively impaired. This same MDS documents R10 requires supervision with eating, dependent on staff for toileting, dressing, personal hygiene, bed mobility and transfers.</p> <p>R9's Minimum Data Set (MDS) dated [DATE] documents R9 as cognitively intact. R9's Electronic Medical Record (EMR) documents R9 can self-propel in his wheelchair about the facility.</p> <p>R9, R10's abuse summary report documents facility staff reported to V1 Administrator that R9 was allegedly touching and kissing R10. This same report documents there were no observations of inappropriate contact observed by other staff present in the dining room (on 4/7/25).</p> <p>On 4/17/25 at 2:40 PM V1 Administrator stated V18 Certified Nurse Aide (CNA) reported to V1 that R9 had put his hand on R10's inner thighs and that R9 had kissed R10 on the side of her neck. V1 stated V18 CNA reported that V18 had removed R10 from the area immediately. V1 Administrator stated V1 did review the camera footage and interview staff and other residents who were present. V1 stated he did not report this allegation of sexual assault to the State Agency. V1 Administrator stated the facility Abuse Policy does state any allegation of abuse must be reported unless it can immediately be refuted. V1 Administrator stated he started an investigation on 4/7/25 but did not report anything to the State Agency.</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.

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| 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 3 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to follow physician orders in arranging a referral for an outside resource for one (R1) resident out of three residents reviewed for physician orders in a sample list of 11 residents.</p> <p>Findings include:</p> <p>R1's undated Face Sheet documents R1 admitted to the facility on [DATE] with a pre-existing Left Above the Knee (AKA) amputation.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 as cognitively intact. This same MDS documents R1 requires supervision with eating, oral hygiene, toileting, bathing, dressing, personal hygiene, and bed mobility.</p> <p>R1's Physician Order Sheet (POS) dated April 2025 documents a physician order starting 12/26/25 for Carbohydrate Controlled Diet (CCD)/Renal, regular texture with regular/thin liquids consistency. This same POS documents a physician order dated 3/27/25 to refer R1 to a Prosthetic clinic.</p> <p>R1's Nurse Progress Note dated 3/27/25 at 11:28 AM documents R1 is to be referred to a prosthetic clinic. R1's Nurse Progress Notes do not document any other information regarding an appointment being made to a prosthetic clinic.</p> <p>On 4/15/25 at 3:40 PM V6 Social Service Director (SSD) stated she was aware of R1's referral to the prosthetic clinic and let the Interdisciplinary Team (IDT) know. V6 SSD stated the IDT team told her that they were going to work on getting the referral, but no one ever followed up on R1's referral.</p> <p>On 4/16/25 at 3:15 PM V14 Physical Therapy Assistant (PTA) stated she worked with R1 who was non-compliant at times and cognitively intact. V14 PTA stated therapy does not set up appointments for residents V14 stated the nursing department is in charge of setting up outside services for residents.</p> <p>On 4/17/25 at 9:35 AM V15 Nurse Practitioner stated V15 NP wrote a progress note documenting the need for a referral for R1 to the prosthetic clinic. V15 NP stated she wrote the physician order herself on 3/27/25. V15 NP stated she expects the facility to follow and carry out all the physician orders.</p> <p>On 4/17/25 at 1:25 PM V20 Transportation Director stated V20 is responsible for arranging appointments for residents and transporting the residents back and forth to appointments. V20 stated he was aware of R1's referral to a prosthetic clinic but was told by V6 Social Service Director (SSD) to not make the appointment.</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/17/25 at 3:45 PM V1 Administrator stated the facility does not have a policy instructing employees to follow a physician order. V1 Administrator stated it is the expectation that when a provider such as a Physician or Nurse Practitioner writes a referral for services and writes a physician order to obtain a referral the staff are expected to follow the provider's order. V1 Administrator V1 stated if the staff had obtained an appointment for R1's referral for a prosthetic device, the staff could have informed R1 of this before he left and he could have at least had the appointment made for him.</p> | | |