

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 12/21/2025
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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

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 12/21/2025
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to submit the results of abuse and misappropriation of resident property investigations to the State Agency within five working days for three (R1, R2 and R3) of four allegations reviewed in the sample of 11 residents. Findings include: On 12/21/25 at 9:00 AM, V2 Director of Nursing confirmed the facility did not submit a five-day final report to the Illinois Department of Public Health regarding R1's allegation of physical abuse on 4/10/25, R2's allegation of physical abuse on 4/15/25 or R3's allegation of Misappropriation of Property on 6/9/25. On 12/21/25 at 9:38 AM, V14 Previous Administrator stated V14 was informed of R1's allegation of physical abuse on 4/10/25, R2's allegation of physical abuse on 4/15/25, and R3's allegation of Misappropriation of Property on 6/9/25. V14 stated upon interviewing R1 regarding V17 Licensed Practical Nurse being physically abusive to R1, R1 recanted R1's allegation of abuse so V14 never completed a final report to Illinois Department of Public Health. V14 stated V14 interviewed R2 regarding V4 Certified Nursing Assistant being rude to R2, and R2 informed V14 R2 was just having a bad day and V3 was never rude or abusive to R2, so V14 didn't submit a final investigation to Illinois Department of Public Health. V14 stated V14 interviewed R3 regarding missing money. V14 stated during the investigation R3 left the facility Against Medical Advice (AMA) so V14 did not complete the investigations and did not submit a final report to Illinois Department of Public Health as required. R1's Facilities Long Term Care Facility & IID-serious Injury Incident Report and Communicable Disease Report dated 4/10/25 documents; Initial Report sent to Illinois Department of Public Health. On 4/10/25 at approximately 3:00 PM, R1 alleged to the Facility Social Service Director R1 was being physically abused by staff. This is an initial report. R1 being monitored, Medical Doctor is aware. R1 assessed by nursing. This is an initial report. R2's Facilities Long Term Care Facility & IID-serious Injury Incident Report and Communicable Disease Report dated 4/15/25 documents; Initial Report sent to Illinois Department of Public Health. On 4/15/25 at 5:00 PM, R2 alleged to V14 Previous Administrator R2 was treated rudely by V3 Certified Nursing Assistant. V3 was suspended pending investigation. This is an initial report. R3's Facilities Long Term Care Facility & IID-serious Injury Incident Report and Communicable Disease Report dated 6/9/25 documents; Initial Report sent to Illinois Department of Public Health. On 6/9/25 at approximately 10:00 AM, R3 presented to V14 Previous Administrator alleging R3 was missing money. R3 alleged R3's link card was stolen, and someone spent all the money on the Link card. This is an initial report. The Facilities Abuse, neglect, Exploitation and Misappropriation Prevention Program dated 4/2021 documents; Policy Statement: Residents have the right to be free from abuse, neglect, misappropriation of resident's property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraints not required to treat the resident's symptoms. Policy Interpretation and Implementation: The residents abuse, neglect and exploitation prevention program consist of a facility-wide commitment and resource allocation to support the following objectives. 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including but not necessarily limited to a. facility staff, b. other residents, c. consultants, d. volunteers, e. staff from other agencies, f. family members, g. legal representatives, h. friends, i. visitors, j. any other individual. 2. Develop and implement policies and protocols to prevent and identify a. abuse or mistreatment: b. neglect of residents, c. theft, exploitation or misappropriation of resident property. 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. 9. Investigate and report any allegations within timeframes required by federal requirements. CMS State Operating Manual (42 CFR 483.12). Facilities must report all allegations of Abuse (physical, verbal, sexual, mental), Neglect, Exploitation, Misappropriation of resident property. The facility must submit a final investigation report within five working days of the allegation to: State Survey Agency, other required authorities. Appendix PP: A Facility investigation must be: Prompt, thorough, objective and documented, and must determine what happened, who was involved, and whether abuse occurred, and what actions are necessary to prevent recurrence.</p>		

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 12/21/2025
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to ensure all allegations of abuse/misappropriation of resident property were thoroughly investigated for three (R1, R2 and R3) of four allegations reviewed in the sample of 11 residents. Findings include: On 12/21/25 at 9:00 AM, V2 Director of Nursing stated V2 is unable to locate the investigation files for R1's allegation of physical abuse on 4/10/25, R2's allegation of physical abuse on 4/15/25 or R3's allegation of Misappropriation of Property on 6/9/25. V2 stated V2 cannot state that a thorough investigation was completed for these allegations, due to not having any documents to support that the investigations were conducted. On 12/21/25 at 9:38 AM, V14 Previous Administrator stated V14 was informed of R1's allegation of physical abuse on 4/10/25, R2's allegation of physical abuse on 4/15/25 and R3's allegation of Misappropriation of Property on 6/9/25. V14 stated upon interviewing R1 regarding V17 Licensed Practical Nurse being physically abusive to R1, R1 recanted R1's allegation of abuse so V14 never completed a final report to Illinois Department of Public Health and did not complete a thorough investigation. V14 stated V14 interviewed R2 regarding V4 Certified Nursing Assistant being rude to R2, and R2 informed V14 that R2 was just having a bad day and V3 was never rude or abusive to R2, so V14 didn't submit a final investigation to Illinois Department of Public Health and did not complete the investigation. V14 stated V14 interviewed R3 regarding missing money. V14 stated during the investigation R3 left the facility Against Medical Advice (AMA) so V14 did not complete any investigation regarding the allegation.</p>		