

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/03/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure that prescribed medication was readily available for administration for one (R124) of five residents reviewed for medication administration from a total sample of 64 residents. Findings: R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses that include Chronic Obstructive Pulmonary Disease (COPD), Emphysema, and cancerous tissue growth in the left lower lung. R124's Care Plan dated 5/7/26 documents that R124 had actual and potential altered respiratory status related to COPD and Emphysema. Interventions included administering prescribed medications, inhalers, and nebulizer treatments and monitoring the resident for effectiveness of those medications. R124's Medication Administration Record (MAR) dated June 2026 documents R124 has an active physician's order for Anoro Ellipta Inhalation Aerosol Powder 62.5-25 microgram (mcg) per puff, 1 milligram to be inhaled orally once a day for shortness of breath. On 6/1/26 at 9:30 a.m., V12, Licensed Practical Nurse (LPN), was observed administering medications to R124 and stated R124's prescribed Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 mcg per puff was not available for administration and would need to be reordered. V12 stated he would check the emergency medication supply to determine whether the facility had any on hand for administration. On 6/1/26 at 10:00 a.m., V12, LPN stated that there was no Anoro Ellipta Inhaler available in the facility. V12 stated the pharmacy reported a billing issue requiring prior authorization before the medication could be dispensed. On 6/3/26 at 1:13 p.m., V2, Director of Nursing (DON), stated that nurses should avoid medication omissions and should administer available medications, then check overflow stock for medication availability. V2 stated that if the medication is not available, the nurse should notify the physician for further orders, contact the pharmacy to clarify availability, and notify the resident or resident's representative. V2 further stated that V12, LPN, should have followed the appropriate steps when it was discovered that R124's Anoro Ellipta inhaler was not available and should have obtained appropriate guidance from the physician.		

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: 145753	Facility ID: 145753 If continuation sheet Page 1 of 7

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review the facility failed to administer medications according to physician orders for two (R124 and R127) of five residents reviewed for medication administration on the sample list of 64. These failures resulted in two medication errors out of twenty-five opportunities resulting in an 8% medication error rate. Findings: R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses that include Chronic Obstructive Pulmonary Disease (COPD) and a cancerous tissue growth in the lower left lung.R124's Medication Administration Record (MAR) dated June 2026 documents R124 has an active physician's order for Anoro Ellipta Inhalation Aerosol Powder 62.5-25 microgram (mcg) per puff, 1 milligram to be inhaled orally once a day for shortness of breath.On 6/1/26 at 9:30 a.m., V12, Licensed Practical Nurse (LPN), stated R124's prescribed Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 mcg per puff was not available for administration and would need to be reordered. V12 stated he would check the emergency medication supply to determine whether the facility had any on hand for administration.On 6/1/26 at 10:00 a.m., V12, LPN stated that there was no Anoro Ellipta Inhaler available in the facility. V12 stated the pharmacy reported a billing issue requiring prior authorization before the medication could be dispensed.R127's MAR dated June 2026 documents R127 has an active physician's order initiated on 5/27/26 for Guaifenesin Extended Release (ER) 600 milligram tablet, to be administered every twelve hours for cough for seven days.On 06/02/2026 at 8:51 a.m., V19, Licensed Practical Nurse (LPN), was observed administering medications to R127. During the interaction, V19 informed R127 that Guaifenesin was not included with her medications because the correct dose was not available at that time and stated she would return with the medication when it became available. R127 stated she hoped the medication would be brought soon, reporting that she was sick and really needed it.On 6/02/26 at 11:20 a.m., V19, LPN stated she forgot to return to administer R127's Guaifenesin ER 600 mg as previously indicated.On 6/3/26 at 1:13 p.m., V2, Director of Nursing (DON), stated that nurses should avoid medication omissions and should administer available medications, then check overflow stock for medication availability. V2 stated that if the medication is not available, the nurse should notify the physician for further orders, contact the pharmacy to clarify availability, and notify the resident or resident's representative. V2 further stated that V12 and V19 should have followed these steps when R124 and R127's medications were not available.The facility's Pharmacy Services policy dated June 2026 documents that the facility will provide pharmaceutical services, including procedures to ensure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, consistent with state and federal requirements and current standards of practice.The policy also states that the facility strives to ensure medications are requested, received, and administered in a timely manner as ordered by the authorized prescriber, in accordance with state requirements.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Failures at this level required more than one deficient practice statement. A. Based on interview and record review the facility failed to maintain infection control logs that identified infectious organisms to monitor for trends. This failure has the potential to affect all 145 residents in the facility. B. Based on observation, interview and record review the facility failed to develop and implement a Legionella water management plan that included identified risk areas and control measures. This failure has the potential to affect all 145 residents in the facility. C. Based on observation, interview, and record review the facility failed to follow and implement Enhanced Barrier Precautions and failed to perform proper hand hygiene when administering medications via gastrostomy tube (G-tube) for two of six residents (R124, R111) reviewed for infection control from a total sample of 64 residents. Findings include: a.1) The facility's Infection Surveillance policy dated as revised June 2026 documents the following: Infection surveillance is the core of the facility's infection prevention and control program and identifies infections and monitors infection control practices to reduce and prevent the spread of infections. The Infection Preventionist leads surveillance activities and maintains documentation. Pathogens are included as part of the surveillance and monitoring of infection control. The facility's January-March 2026 Infection Control Logs do not include any surveillance or monitoring of infectious organisms for urinary tract infections to identify trends or patterns. The facility's May 2026 Infection Control Log does not document any surveillance or monitoring of infectious organisms. The column listed to document the organism is either left blank or just lists the general infection, such as pneumonia or urinary tract infection. On 6/01/2026 at 2:22 PM V26 Registered Nurse stated V26 was the former IP (Infection Preventionist) and was on vacation for the latter half of April until V26 returned on 5/6/26 when V26 became the facility's wound nurse. V26 stated V26 did not complete any infection control logs during that time for tracking and monitoring of infections. V26 stated V26 did not identify any trends in infections. On 6/01/2026 at 3:29 PM V6 IP confirmed the facility's May 2026 infection control log does not document infectious organisms. V6 stated V6 does not have access to obtain culture results and has to wait for nurse management to provide this documentation. V6 stated V6's role as the IP is to track and identify any trends/patterns in infections. V6 confirmed this should include monitoring for any patterns or trends in infectious organisms. On 6/2/26 at 8:43 AM V25 Assistant Director of Nursing (ADON) stated V25, and the former DON were trying to keep up with the infection control logs January-March 2026. V25 reviewed these logs and confirmed they do not document surveillance and monitoring of infectious organisms for urinary tract infections. The facility's LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID dated 5/31/26 documents a census of 145 residents. b.1.) The facility's undated Legionella Surveillance policy documents the following: Legionella (bacteria commonly found in water) poses a health risk when grown in numbers, aerosolized, and breathed in through small, contaminated water droplets. Legionella grows best in water temperatures of 77 degrees Fahrenheit (F.)-108 F, especially in water that is not moving or does not contain (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	disinfectant to kill germs. Showers and fountains create aerosols. Physical control measures include maintaining potable water systems and non-potable water systems shall be routinely cleaned and disinfected. Temperature controls include storing hot water above 140 F. The facility's undated Water Management Plan documents cold water is heated to approximately 145 F. throughout the buildings by multiple hot water heaters (refer to facility map) and then tempered via thermostatic mixing valves to 100 F-110 F distributed to all resident and staff handwashing stations. This water management plan does not identify any other Legionella risk areas or control measures. The facility's undated Water Flow Guide and Risk Areas for both the North and South building identify sinks, showers, and water heaters as Legionella risk areas. The facility's undated floor plans for both the North and South buildings identify multiple hot water heaters located throughout the buildings including hallways and resident room closets. On 6/02/2026 at 10:48 AM V40 Maintenance Director stated V40 temps the water at the faucets in resident rooms. V40 stated hot water tanks should be around 135 F but will have to check for sure. V40 was unsure how many hot water heater tanks the facility has. V40 stated the facility has one shower room that is not used and V40 flushes the water once per week. V40 stated the facility has one water fountain which requires filter changes but V40 has not changed the filter since November 2025 when V40 became the maintenance director. V40 was requested to provide documentation of the facility's Legionella control measures implementation. On 6/3/26 at 10:20 AM V40 provided logs of water temperature checks for resident rooms and bathrooms. V40 stated V40 had no other documentation or logs to provide for implemented Legionella control measures. Random hot water heater tanks stored in resident room closets on the North and South halls of the South building and the south halls of the North building were viewed with V40 and V39 Regional Maintenance Director between 10:25 AM and 11:05 AM. These hot water heater tanks did not contain gauges or thermostats to identify the temperature of the water stored in the tank, and one gauge was set at approximately 130 F. This was verified with V39 and V40. V40 stated all the facility's hot water heater tanks are like this and these tanks supply the water to all resident rooms and bathing areas. V40 stated the prior maintenance director had a device that would test the temperature of the hot water heater tank water, but it broke. V40 stated V40 checks shower heads as needed and changes the filters but has no documentation of this. V39 stated shower head cleaning should be done quarterly as part of the Legionella plan. V40 stated the facility has three shower rooms in the South building with one not in use, and two shower rooms in the North building. The facility's water fountain near the nurse's station in the South building was viewed during this time, the fountain was available for use/functional and contained a red light. V40 stated the red light indicates the filter needs changed. V39 stated that typically the water fountains have been removed from the other buildings this corporation manages. On 6/3/26 at 11:13 AM V40 reviewed the facility's Legionella plan and confirmed it did not address all risk areas in the facility and control measures to address these areas. The facility's LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID dated 5/31/26 documents a census of 145 residents. c. 1.) On 6/1/26 at 9:22 a.m., V12, Licensed Practical Nurse (LPN), was observed administering R124's medications via gastrostomy tube (G-tube). Enhanced barrier precautions (EBP) signage was (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	posted on the R124's room door. V12 prepared medications at the medication cart, entered R124's room, and put on gloves. V12 entered the shared bathroom and filled disposable cups with water from the sink, then mixed the medications with the water. V12 proceeded to the resident's bedside, verified G-tube placement, administered the medications via the tube, and flushed the G-tube following administration. During the observation, no hand hygiene was performed and V12 did not put on a gown prior to or during administration of R124's medications. On 6/1/26 at 9:45 a.m., V12, LPN, stated R124 is on Enhanced Barrier Precautions (EBP) and stated he should have worn a gown and performed hand hygiene during medication administration. V12 further stated that he had not been following those practices when providing care to R124. R124's Electronic Health Record dated 5/7/26 documents R124 has several medical diagnoses including Gastrostomy Status, Dysphagia, and cancer of the left lung and mandible. R124's Care Plan dated 5/7/26 documents that R124 requires tube feedings related to Adenocarcinoma of the left lung, Cancer of the mandible, and Dysphagia. R124's Medication Administration Record dated June 2026 documents R124 has an active order and is receiving Famotidine 20 milligrams (mg), one tablet via G-Tube one time a day, Sertraline oral concentrate 20 mg per milliliter (ml), 2.5 ml via G-Tube daily, GlycoLax powder, 17 grams via G-Tube two times a day, and Lyrica 50 mg via G-Tube two times a day. On 6/3/26 at 1:10 p.m., V2, Director of Nursing (DON), stated that V12, Licensed Practical Nurse (LPN), should have performed hand hygiene before, during, and after administering medications via G-tube to R124 and should have worn a gown during medication administration in accordance with the facility's Enhanced Barrier Precautions policy. c2. An admission Record dated 3/17/26 documents R111 has diagnoses including but not limited to peripheral vascular disease, acquired absence of right leg below knee, bacteremia, and type two diabetes mellitus with foot ulcer. On 5/31/2026 at 8:50AM, R111 was sitting in his wheelchair with his left foot wrapped. R111's left knee had a scab about the size of a quarter surrounded with redness. His left middle finger had two pinkish-red scabs near the knuckle. Outside of R111's room there is no Enhanced Barrier Precautions (EBP) signage posted, and no gloves, gowns, or masks were available. On 5/31/2026 at 9:14 AM, V51 (Licensed Practical Nurse) stated she had never heard of EBP at the facility and does not know what it is. On 6/01/2026 at 12:48 PM V6 (Infection Preventionist) stated R111 should be on EBP due to his wound. R111's care plan initiated on 4/2/26 documents R111's has a diabetic foot ulcer to his left foot but does not address EBP. R111's Order Summary Report dated 05/31/2026 was reviewed and no physician orders were present for EBP. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Enhanced Barrier Precaution policy, revised in 2026, documents an order for enhanced barrier precautions will be obtained and initiated for residents with wounds, including diabetic foot ulcers.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Implement a program that monitors antibiotic use. Based on interview and record review the facility failed to follow its antibiotic stewardship policy to ensure appropriate prescribing of antibiotics. This failure has the potential to affect all 145 residents in the facility. Findings include: The facility's Infection Surveillance policy dated as revised June 2026 documents the following: Pathogens and signs/symptoms of infections are included as part of the surveillance and monitoring of infection control. The facility's Antibiotic Prescribing Practices policy dated June 2026 documents the following: Laboratory testing will be conducted in accordance with standards of practice and will be reviewed to determine if the antibiotic is indicated or if adjustments need to be made. The facility uses sources such as Centers for Disease Control and Management, McGeer criteria and Loeb Minimum Criteria to define infections and determine if antibiotics are needed. All antibiotic orders should include a specific dose, duration, and indication for use. The facility's January-March 2026 Infection Control Logs do not include any surveillance or monitoring of infectious organisms for urinary tract infections to identify trends or patterns. The facility's May 2026 Infection Control Log does not document any surveillance or monitoring of infectious organisms. The column listed to document the organism is either left blank or just lists the general infection, such as pneumonia or urinary tract infection. These logs do not document dose and duration of antibiotics or signs/symptoms of infections. On 6/01/2026 at 2:22 PM V26 Registered Nurse stated V26 was the former IP and was on vacation for the latter half of April until V26 returned on 5/6/26 when V26 became the facility's wound nurse. V26 stated V26 did not complete any infection control logs during that time for tracking and monitoring of infections. On 6/01/2026 at 3:29 PM V6 IP confirmed the facility's May 2026 infection control log does not document infectious organisms, signs/symptoms, or antibiotic dose and duration. V6 stated V6 does not have access to obtain culture results and has to wait for nurse management to provide this documentation. V6 stated when residents admit from the hospital with infections and antibiotic orders, the hospital does not always send culture results. V6 confirmed culture sensitivity results should be reviewed to determine if organisms are susceptible to the prescribed antibiotic. On 6/2/26 at 8:43 AM V25 Assistant Director of Nursing (ADON) stated V25 and the former DON were trying to keep up with the infection control logs January-March 2026. V25 reviewed these logs and confirmed culture sensitivity results are not listed for urinary tract infections. The facility's LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID dated 5/31/26 documents a census of 145 residents.		