

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 06/23/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide privacy curtains for five (R14, R15, R16, R17, R18) residents which also affected their roommates R19-R25 out of twelve residents reviewed for Physical Environment in a sample list of 35 residents. Findings include: On 6/18/26 at 10:23 AM R18 did not have a privacy curtain in his area of the room. R18 stated, You learn to lose your modesty in this facility. R18 stated he would like to have a privacy curtain. On 6/18/26 at 10:24 AM V32 Registered Nurse (RN) obtained R18's vital signs and blood glucose level in R18's room with R22 (R18) roommate present and observing care for R18 being provided. On 6/18/26 at 10:30 AM R16 and R17 did not have privacy curtains in their shared room. R16 and R17 share a room with R20 and R21. R17 stated 'God and everybody sees what goes on over here'. On 6/18/26 at 10:41 AM R14 and R15 do not have privacy curtains in their room. R14 and R15 share a room with R24 and R25. On 6/18/26 at 10:38 AM V28 Certified Nurse Aide (CNA) stated R14, R15, R16, R17 and R18 do not have call lights or privacy curtains. V28 CNA stated there is no way to provide privacy. V28 CNA stated she tries to use her body to form a shield. V28 CNA stated the residents deserve an actual privacy curtain. On 6/18/26 at 11:36 AM R15 stated it is embarrassing to have to dress and undress in front of others. R15 stated she would like to have a privacy curtain. On 6/18/26 at 3:05 PM V14 Regional [NAME] President of Clinical Services stated all residents should be provided privacy. On 6/18/26 at 3:07 PM V1 Administrator confirmed R14, R15, R16, R17 and R18 do not have privacy curtains. V1 Administrator stated all resident should have a privacy curtain. V1 Administrator stated all five of these residents were relocated to the South building after the North building where they previously resided had storm damage. V1 stated those residents were moved from 6/6-6/8/26 to their current rooms. V1 stated the facility should have provided privacy curtains when the residents were moved. On 6/23/26 at 9:05 AM R22 stated he is glad R18 (R22) roommate was given a curtain. R22 stated he was tired of seeing R18 in his underwear. On 6/23/26 at 9:15 AM R25 stated she feels sorry for R14 and R15 (R25 roommates) because they had no way to cover themselves up when they are dressing. R25 stated she tried to close her eyes but it is so much better now that they have curtains. R14's Minimum Data Set (MDS) dated [DATE] documents R14 as severely cognitively impaired. This same MDS documents R14 as requiring supervision with toileting, bathing, dressing, bed mobility and transfers. This same MDS documents supervision is defined as Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. R15's Minimum Data Set (MDS) dated [DATE] documents R15 as moderately cognitively impaired. This same MDS documents, R15, requires supervision with eating, oral hygiene, toileting, bathing, dressing, personal hygiene, bed mobility and transfers. This same MDS documents supervision is defined as Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. R16's Minimum Data Set (MDS) dated [DATE] documents R16 as moderately cognitively impaired. This same MDS documents R16 as requiring supervision with eating, oral hygiene, personal hygiene, bed mobility, transfers and moderate (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
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assistance from staff for toileting, bathing and dressing.R17's Minimum Data Set (MDS) dated [DATE] documents R17 as severely cognitively impaired. This same MDS documents R17 is dependent on staff for complete assistance with oral hygiene, toileting, bathing, dressing, personal hygiene, bed mobility and transfers.R18's Minimum Data Set (MDS) dated [DATE] documents R18 as moderately cognitively impaired. This same MDS documents R18 as requiring supervision with eating, oral hygiene, personal hygiene, bed mobility, moderate assistance from staff for bathing, dressing and maximum assistance from staff for toileting and dressing.R22's Minimum Data Set (MDS) dated [DATE] documents R22 as cognitively intact. R25's Minimum Data Set (MDS) dated [DATE] documents R25 as moderately cognitively impaired. The facility policy titled Resident Rooms revised 6/18/2026 documents all resident bedrooms will be equipped to assure full visual privacy for each resident. Including ceiling suspended curtains which extend around each bed in non-private bedrooms.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a safe, clean, comfortable, and homelike environment for residents by failing to remove hazardous extension cords and damaged electrical equipment from a resident room; maintain a clean community shower room; repair damaged walls and fixtures; and maintain common areas free of construction materials and disrepair. These deficient practices affected three residents (R11, R13, R18) out of seven residents reviewed for Physical Environment in a sample list of 35 residents. Findings include: R13's Minimum Data Set (MDS) dated [DATE] documented R13 as cognitively intact. On 6/18/26 at 12:25 PM, R13's room contained a power strip hanging from a metal holder directly against the side of her bed. The power strip had a power cord that had been neatly cut in half. The detached portion of the cut cord was coiled on the floor at the foot of the bed. In addition, R13's air mattress was plugged into an extension cord that was connected to the wall outlet. On 6/18/26 at 12:26 PM, R13 stated her room was a mess because of the broken power strip nailed to the wall and cords everywhere. R13 stated she had not cut any cords or plugged anything into the extension cords. She stated she understood conditions were chaotic following the severe storm but expected the room to have been cleaned up after nearly two weeks. On 6/18/26 at 12:35 PM, V15 Maintenance Director stated the facility lost power for three days due to severe weather on 6/11/26, 6/12/26, and 6/13/26. V15 stated extension cords were temporarily used to connect medical equipment to emergency power supplied by the generator. V15 acknowledged maintenance staff forgot to remove the extension cord from R13's room after commercial power was restored and stated extension cords should not have remained in use for resident medical equipment once power returned. R11's Minimum Data Set (MDS) dated [DATE] documented R11 as cognitively intact. On 6/16/26 at 10:25 AM, the South Building North Hall shower room contained a wet cigarette butt, loose tobacco, balls of dried brown material, multiple wet towels, dead insect carcasses, and live gnats. The room had a strong musty odor. On 6/16/26 at 10:26 AM, V2 Director of Nursing (DON) stated the shower room remained in use by residents because two of the facility's four shower rooms were out of service. V2 confirmed residents had been showered in that room earlier that morning and acknowledged the room needed to be cleaned before additional residents used it. On 6/18/26 at 10:05 AM, R11 stated only two community shower rooms were available for resident use because two shower rooms were out of service. R11 stated the shower room on his hall was not kept clean, described it as filthy, and stated it should be cleaned after each resident use. R18's Minimum Data Set (MDS) dated [DATE] documented R18 as moderately cognitively impaired. On 6/18/26 at 10:18 AM, the wall beneath the light switch in R18's room contained an area of missing paint measuring approximately two feet wide by four inches high. On 6/18/26 at 10:19 AM, R18 stated he expected the facility to patch and paint the damaged wall and remarked he would even help purchase the paint if necessary. Observations of the South Building on 6/16/26, 6/17/26, 6/18/26, and 6/23/26 consistently revealed numerous unrepaired environmental concerns, including: A small, attached dining room being used to store dozens of boxes of floor tile. On three survey days, the room also contained two resident beds and three mattresses. A large, previously patched section of drywall in the main dining area measuring approximately six feet long by six inches high that remained unpainted. A community sink cabinet with a missing front panel exposing the underside of the sink and plumbing. Multiple areas of chipped paint extending approximately four feet long by twelve inches high on the wall adjacent to the South Building nurses' station. On 6/23/26 at 10:15 AM, V15 Maintenance Director acknowledged there were numerous areas throughout the facility requiring repair or replacement. V15 stated he maintained a lengthy repair list and would eventually address all the items but was currently focused on higher-priority repairs. The facility's policy titled Resident Rights, revised 6/15/26, stated residents have the right to a safe, (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clean, comfortable, and homelike environment, including receiving treatment and support for daily living in a safe manner. The facility failed to maintain resident rooms, shower facilities, and common areas in a safe, clean, and homelike condition. Residents were exposed to damaged electrical equipment and extension cords remaining after an emergency, unsanitary shower conditions despite ongoing resident use, and multiple unrepaired environmental deficiencies that persisted over several days despite staff knowledge of the conditions.		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview and record review the facility failed to ensure fire system equipment was functioning properly and failed to complete a thorough fire watch for 10 (R5, R27-R35) residents residing in Zone 2 of the Dementia Unit out of 10 residents reviewed for Physical Environment in a sample list of 35 residents. Findings include: On 6/18/26 at 1:00 PM, the North Building fire alarm annunciator panel located behind the front nurses' station displayed the message, Trouble Fire - Zone 2 Open Fault. On 6/18/26 at 1:10 PM, V22 Medical Records Clerk was observed conducting a fire watch in the North Building. V22 stated the fire watch was being conducted because Zone 2 was offline and included rooms 4 through 17 of the Dementia Unit. During the fire watch, V22 did not inspect rooms 5 through 13. On 6/23/26 from 9:38 AM through 10:17 AM, continual observations were made of fire watch rounds on the Dementia Unit. V42 Certified Nurse Aide (CNA) walked the hallway and looked only into rooms with open doors. V42 did not touch closed resident room doors to assess for heat, did not open closed resident room doors to visually inspect the rooms, and did not proceed beyond the fire doors into the closed hallway to inspect rooms 5 through 13, despite those rooms being located within the affected Zone 2 fire alarm area. On 6/23/26 at 9:40 AM, V15 Maintenance Director stated water damage beginning on 6/6/26 resulted in a damaged fire sensor on 6/10/26. V15 further stated there was also a disconnected wire affecting the fire alarm panel. A temporary roof was installed on 6/12/26 to prevent additional water intrusion. V15 stated the damaged sensor served Zone 2 of the North Building Dementia Unit, which included rooms 4 through 17. V15 acknowledged fire watch rounds should include all rooms within Zone 2 and stated staff would be educated to ensure all affected rooms were inspected during future fire watch rounds. On 6/23/26 at 11:00 AM, V44 Fire System Service Coordinator stated the facility requested emergency service after a worker accidentally cut a wire while repairing storm-related water damage. V44 stated the fire alarm annunciator displayed Zone 2 Open Fault and the fire alarm control panel also had an internal ground fault. V44 stated the fire alarm control panel required replacement before additional troubleshooting could be completed. V44 stated an estimate for replacement was provided to the facility on 6/11/26 and no response had been received from the facility. V44 stated the facility should remain on continuous fire watch until the panel was replaced and all deficiencies corrected. V44 explained that because the sensor was faulty, the facility could not rely on it to detect an actual fire. Additionally, because of the panel malfunction, there was no assurance that the fire department would be notified if the system activated. On 6/23/26 at 11:50 AM, V1 Administrator stated the fire alarm system began malfunctioning during the afternoon of 6/10/26. V1 stated the fire alarm monitoring company responded on 6/11/26 and identified a faulty wire affecting the sensor. V1 stated the facility was awaiting insurance approval before proceeding with repairs. The facility Daily Census Report for 6/10/26 documented 10 residents (R5 and R27 through R35) resided within Zone 2 of the North Building Dementia Unit. The facility's General Inspection of Sprinkler System report, based on an onsite inspection completed on 6/11/26, documented the fire alarm panel displayed, Trouble Fire - Zone 2 Open Fault and Trouble in System Ground Fault. The report further documented, During the storm the building's roof presented leaks and caused trouble on the fire panel. The fire system company's job worksheet dated 6/11/26 documented, Water damage, believe someone might have cut a wire - currently on Fire Watch. Emergency Call Out. FACP showing open on Zone 2 even with resistor connected directly to Zone 2. Also showing ground fault with nothing connected to the panel. Internal issue with panel. Panel needs to be replaced before further troubleshooting can occur. Quoted panel replacement to the customer. The facility's Fire Watch Policy, revised 6/1/18, required that whenever a significant portion of the fire alarm or sprinkler system is not functioning, the fire watch team will observe and inspect every room. The facility failed to ensure staff completed fire watch rounds in accordance with facility policy after a significant portion of the fire alarm system became impaired. Staff repeatedly failed to inspect all resident rooms within the affected fire alarm zone (continued on next page)		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	despite knowing the fire detection system for Zone 2 was unreliable and that the fire alarm control panel was experiencing an internal fault. This deficient practice left 10 residents residing on the Dementia Unit without the full compensatory fire safety measures required while the fire alarm system remained impaired.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review the facility failed to provide call lights for five (R14, R15, R16, R17, R18) residents out of 12 residents reviewed for Physical Environment in a sample list of 35 residents. Findings include: On 6/18/26 at 10:20 AM, R18 was observed sitting in his wheelchair in his room without a call light assigned to his living space. There was no temporary call system in place and no portable bell or other device available to summon staff. On 6/18/26 at 10:21 AM, V32 Registered Nurse (RN) searched for a call light for R18 and stated R18 did not have any type of call light or even a location on the wall where a call light could be connected. On 6/18/26 at 10:22 AM, R18 stated he had not been given a call light or a bell. R18 stated that if he needed assistance he would have to yell for help. R18 stated he lived at the end of the hallway and commented, Good luck getting someone to hear him yelling. On 6/18/26 at 10:31 AM, R16 and R17 were observed without call lights or any other means of contacting staff. There was no temporary call system in place and no portable bell available. On 6/18/26 at 10:32 AM, R17 stated he had been shipped to the South Building after the storm damaged his previous room. R17 stated he could try to yell for help if he needed assistance. R17 stated he shared the room with R16, R20, and R21 but the other roommates were frequently out of the room and would not be available to assist him. On 6/18/26 at 10:40 AM, R14 and R15 were observed without call lights or any other means to summon staff. There was no temporary call system in place and no portable bell available. On 6/18/26 at 11:35 AM, R15 stated she and R14, along with other residents, had been thrown in these rooms after the severe storm damaged their previous rooms. R15 stated the facility should have ensured the rooms were decent enough to live in before relocating residents. R15 stated she understood the moves had to occur quickly but believed staff should have returned to verify residents had everything they needed in their new rooms. On 6/18/26 at 3:00 PM, V14 Regional [NAME] President of Clinical Services stated all residents should have a means to contact staff. V14 stated that if a traditional call light was unavailable, residents should be provided with an alternative method, such as a hand bell. V14 stated the facility would immediately verify that all residents had a way to summon staff. On 6/18/26 at 3:45 PM, V27 Registered Nurse/Infection Preventionist was observed distributing hand bells to residents whose rooms did not have functioning call light systems and demonstrating how to use the bells to summon staff. The facility's policy titled Call Lights: Accessibility and Timely Response, revised 6/18/26, stated the call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room. The facility failed to ensure relocated residents had an accessible means to summon staff after being moved following storm damage. Five residents were left without functioning call lights or any temporary alternative, requiring them to yell for assistance if they needed help. The facility acknowledged residents should have had an alternative call system and did not implement one until after the survey identified the deficient practice.		